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Facing Down Death and Moving Beyond: Strategies Utilized by Female Survivors of Childhood Maltreatment

Tonya Barri Broyles
University of Tennessee - Knoxville

To the Graduate Council:

I am submitting herewith a dissertation written by Tonya Barri Broyles entitled "Facing Down Death and Moving Beyond: Strategies Utilized by Female Survivors of Childhood Maltreatment." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

Sandra P. Thomas, Major Professor

We have read this dissertation and recommend its acceptance:

Ralph Brockett, Mary Gunther, Joanne Hall

Accepted for the Council:
Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

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Anne Mayhew
Vice Chancellor and
Dean of Graduate Studies

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Facing Down Death and Moving Beyond: Strategies Utilized by Female Survivors of Childhood Maltreatment

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Tonya Barri Broyles

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ABSTRACT

This study is a secondary analysis of a federally funded study of survivors of childhood maltreatment, who now consider themselves to be successful and effective in their current environments as adults. The purpose of this secondary analysis was to identify strategies that female survivors of childhood maltreatment have used as children and as adults to move beyond the effects of the abuse. An in-depth analysis of 27 women who have completed three interviews over the course of a year has revealed a generative theme of "Facing Down Death" and two interconnected themes of "Purposeful Cognitions/ Emotions," and "Purposeful Actions." Each theme is supported by quotes from the participants. Today the idea of "life strategies" has become popularized by our culture. This study specifically examines those "life strategies" that have been used to move beyond by female survivors of childhood maltreatment, a significant moral adversity, and a situated societal evil.

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CHAPTER I

INTRODUCTION

Introduction

In 2004, in the United States of America (U.S.), the Child Protective Services responded to and investigated approximately 3,503,000 alleged cases of child maltreatment. Of those cases, it is estimated that 872,000 children were actually victims (U.S. Department of Health and Human Services, 2004a). Additionally, it is proposed that 1,490 of those victims died as a direct result of the abuse and neglect that they endured (U.S. Department of Health and Human Services, 2004b). Although these numbers may seem shocking, it is even more disturbing to realize that these numbers are likely underestimates of the true statistics. Child abuse and maltreatment is the most under-reported crime in the country (CDC, n.d, Hopper, 2006, National Clearing House on Child Abuse and Neglect Information, 2004). According to Demause, (1988) "childhood abuse is a nightmare from which we have only recently begun to awake" (p. 1). Woefully, the statistics reported by the Child Protective Services suggest we may still be sleeping soundly.

Human suffering is not the only cost of child maltreatment. In a 2001, a report compiled by Fromm of Prevent Child Abuse America, the estimated annual direct cost (hospitalization, chronic health problems, and mental health care for children, child welfare system, law enforcement, and judicial system) of child abuse and neglect in the United States is $24,384,347,302. The annual indirect cost (special education, mental health care for adults with history, juvenile delinquency, lost productivity to society, and

adult criminality) is $55,380,000,000 annually. Simply put, child maltreatment costs our country $94 billion dollars a year, and this is a conservative estimate (Fromm, 2001).

What happens to these 872,000 maltreated children every year? Eventually, if they survive, they grow up. They mature with a history that often causes them tremendous amounts of guilt and shame. In fact, when examining the long term effects, the experiences that survivors of childhood maltreatment have endured have been shown time and again to be leading causes of poor quality of life, and to be leading causes of illness and death (CDC, 2005).

Not all victims of childhood abuse are maladjusted (Beitchman et al., 1992) . Some have good jobs, good families, and good lives. They appear less scathed by their past. What makes them different? What do those who appear to be more adjusted have that the others do not? Perhaps, it is their ability to counter the effects of the abuse.

This study is a secondary analysis of data obtained from Dr. Joanne Hall's regarding *Women Thriving Abuse Survivors.* The original study was funded by the National Institute of Nursing Research, National Institutes of Health, R01 NR0077899. A key finding of the original study is the concept of becoming resolute. This construct has been used to describe the participants of this study, and has been described as: having or showing a fixed, firm purpose; determined; bold; firm; steady perseverance; resolved; and unwavering.

I have analyzed the transcripts of the participants in an attempt to identify the strategies that the women have utilized in childhood and in adulthood to move beyond the effects of the childhood maltreatment. Through their narratives, these female survivors of

child abuse have shown us that long, slow chipping away of a very big stone is possible, even for a little girl.

Statement of the Problem

As a result of the widespread occurrence of childhood maltreatment and the passage of the federal Child Abuse and Neglect and Treatment Act Programs, a plethora of psychological treatments have emerged (Skowron & Reinemann, 2005). However, most of this research is about the treatment of the child and/ or abusive family (Cohn & Daro, 1987; Skowron & Reinemann, 2005). Additionally, there has been no consensus about which treatments are effective (Cohn & Daro, 1987). In fact, in a federally funded qualitative meta-analysis of 89 studies of childhood maltreatment psychological treatment options, it was concluded that most treatment programs, including those for the children and or the abusive family, were regarded as ineffective (Cohn & Daro, 1987). A more recent meta-analysis of articles from 1974-2000 suggests that psychological treatments for childhood maltreatment do yield some degree of improvement (Skowron & Reinemann, 2005). Again, this meta-analysis only examined therapies with the children and not therapies for adults with histories of maltreatment.

Not much research on treatment of survivors of childhood maltreatment has been completed (Chard, 2005). It is obvious by the initiative to "reduce maltreatment and maltreatment fatalities of children," (*Healthy People, 2010*), that there exist thousands upon thousands of children with histories of childhood maltreatment who will become adults. More specifically, with the greater prevalence of girls as compared to boys who are maltreated, there will be thousands upon thousands of girls who will become women with histories of childhood maltreatment. There is an immediate need within the realm of

empirical literature to investigate beyond the symptomatology and look at the more positive outcomes, in other words, to determine what factors contribute to the ability to become resolute and develop healthy relationships in adulthood. This research can offer direction in recognizing the strategies that have been used by adult female survivors of child abuse who are more resolute. Clinicians can use this knowledge to mold their practices and mold the interventions they presently use to assist survivors of childhood maltreatment to overcome the ill-effects of their abuse histories.

Purpose of the Study

The purpose of this study is to identify and thematically categorize the strategies utilized by female survivors of childhood maltreatment to move beyond the effects of the maltreatment. Additionally, my goal is to fill the gap that exists in the current literature regarding what the female survivors of child abuse do in order to move beyond and become resolute.

Research Question

What strategies have "thriving" survivors utilized both as children and as adults to move beyond the effects of childhood maltreatment?

Method

The purpose of all research, whether quantitative or qualitative research, is to organize data and provide structure so that the reader can glean some type of knowledge and meaning from the research. In particular, qualitative analysis has been described as an "enormous amount of work" (Polit & Beck, 2004, p.570) as the researcher sorts through hundreds of pages of narratives reducing the data and compiling a legible report of findings.

While this may present as a daunting task, qualitative researchers realize that, in the end, their work may be easily understood because the themes and findings can be expressed in the terms of the participants (Polit & Beck, 2004). Qualitative design contends that the outside world cannot be separated from a person's individual ideas or perceptions of the world (DePoy & Gitlin, 1998). Knowledge, therefore, is based on individual experiences and perceptions of the world (DePoy & Gitlin, 1998).

When choosing to utilize qualitative design, there are many things to consider. One indication for use of a qualitative approach is when virtually nothing seems to be known about the topic or phenomenon. This is certainly the situation when examining the strategies that are used by female survivors of child abuse to move beyond. Another indication to use qualitative design is when the researcher is not concerned with implying causality, but, rather, the researcher is interested in assisting others to make sense of their world (Hupcey, 2005).

Advantages of Qualitative Design

There are many advantages of the qualitative design. To begin, qualitative designs yield new understanding and insight to a particular phenomenon (Brink & Wood, 1998). Through the narratives, the participants are able to share their reality in their words. They are not inhibited by scales and numbers.

For example, the Ways of Coping Scale, the gold standard by which coping strategies are assessed, was developed to be used with a specific stressful event in mind (Futa, Nash, Hansen, & Garbin, 2003; Long & Jackson, 1993). Childhood maltreatment is not a specific stressful event. It is a conglomerate of stressful events. A child who is abused in any shape, form, or fashion is literally assaulted with multiple physical and

mental stressors. It would be nearly impossible to delineate just one specific stressful event that occurs. To expect a person to be able to do that would be a gross underestimate of the experience that the survivor endured. Yet when a survivor is asked to complete a scale to explain their experiences, this is precisely what happens.

Furthermore, within the realm of the original study, the participants self-reported their abuse and were not specifically asked about strategies they had used to move beyond. Spaccarelli (1994) stated that one limitation of existing studies was the self-reporting. As a researcher, I agree to some extent that self-reporting may be a concern, especially if we expect the participants to be able to self-identify "coping" strategies. In fact, if I were asked specifically how I coped with a situation, I would not be able to tell you. I would be able to tell you what I did, or what I thought, and narratively, the coping strategies would emerge.

Using "coping" terminology within the context of an interview could indeed be detrimental to the outcome of the study. When faced with any situation that an individual might deem as stressful, sub-consciously, often one begins to pull strategies to counter the effects of the event before the conscious mind realizes. Additionally, once the event has passed, if asked about specific coping, an individual may simply not be able to self-identify what they did to cope. However, they can tell us their story, and the coping strategies can be identified from within the context of the narrative. The astute researcher can derive it from their narratives. This study will be completed utilizing qualitative content analysis. This method will be explained in greater detail in Chapter 3.

Original Study

My research will be a secondary analysis of data that was collected for a previous study. Since my analysis will use the same data, I believe it necessary to provide a brief description of the original study as context, and my role in that study.

Funding was provided by the National Institute of Nursing Research, National Institutes of Health for a 4-year project to Dr. Joanne Hall to complete research on "Women Thriving Abuse Survivors" R01NR077899. Unlike most studies in the area of child abuse, the focus of the study was on women who considered themselves successful. Thereby, the focus was on positive outcomes instead of the ill effects that are traditionally associated with a history of being abused. The purpose as described per Dr. Hall in the IRB proposal was "to discover strengths, strategies, and resources that are useful in fostering thriving despite having a child abuse history."

Over a 6-12 month period a total of 44 women completed 105 interviews. The goal was for all of the participants to complete three interviews. However, only 27 of the women did indeed complete all three. For various reasons, the remaining 17 participants completed 1-2 interviews. Recruitment and data collection will be described in greater detail in chapter 3.

Dr. Hall was the primary investigator of the original study. Additionally, there exists a multi-disciplinary team that is involved in the study. This team provides "critique and consensual validation" from various disciplines such as psychology, psychiatry, and nursing (Thomas and Hall, 2006). Throughout the analysis this "Thriving" team has met weekly or, biweekly and on longer all day retreats to act as a think tank. Additionally,

some of the meetings have been attended by women of the community, not involved in the study, who have provided further validation to the analysis.

My involvement in the study began after the interviews were completed. I began working as a graduate assistant in year two of the study. I approached this study as a graduate research assistant as a registered nurse with a background primarily situated in critical care. My specific focus within the realm of Dr. Hall's research began in year three and has continued beyond the completion of the original grant. There have been a number of individual analyses completed within the context of the data including studies on memory (Powell, 2006), trajectories (S. P. Thomas, 2006), relationships (Roman & Bolton, 2006), and mother-daughter relationships (Bolton, 2006). My study fulfills one of the specific aims of the original grant: "Identify self-protective, health-promoting strategies and resources that constitute strengths for thriving in developmental, transitional, and everyday situations."

Conceptual Definitions of Terms

Childhood Maltreatment or Abuse: Stories or statements about actual maltreatment by others. This includes physical, sexual, emotional, and verbal abuse, and neglect.

Moving Beyond Strategy: An action or thought process used in childhood or adulthood that assists the participant in getting beyond the abuse and the aftereffects associated with it.

Assumptions

1. Participants were truthful in proclaiming that they are indeed survivors of childhood maltreatment.
2. Participants were truthful in discussing and describing their life experiences.
3. Participants are successful by their standards.

Delimitations

Only the transcripts of those women (n=27) who completed all three interviews will be analyzed.

Limitations

1. Although there was purposeful sampling of women of color among the residents in the geographic area where the study was conducted, only 20% are considered to be culturally diverse (U.S. Department of Health and Human Services, 2005). The sample reflects the ethnicity of the region.
2. Because the data had already been collected prior to my involvement in the project, I did not have the opportunity to conduct any interviews.
3. The participants were self-identified as abused and their reports were retrospective.

Significance of the Study

It is estimated that 47.8 per 1,000 of the children in the U.S. were investigated for evidence of childhood maltreatment in 2004. Of those children, 11.9 per 1,000 were proven to be victims (U.S. Department of Health & Human Services, 2004a). Many of these children die as a result of their abuse. Those who do not physically pass away must

face another death. Mentally, the survivors may face a daily death by the emotional torment that they must endure at the hands of those who are supposed to protect them.

Adult women with a childhood history of sexual abuse have been shown to have increased evidence of sexual dysfunction (Beitchman et al., 1992), depression (Beitchman et al., 1992), and be socially and economically challenged (Widom & Maxfield, 2001). Additionally, as adolescents and adults, survivors have more suicide attempts (Finzi et al., 2001), get lower grades (Widom & Maxfield, 2001), are less liked by their peers, and have an increased amount of drug and alcohol abuse (CDC, n.d.). Female survivors have also been reported to be more likely to have an eating disorder (Smolak & Murnen, 2002), although it has been argued that they are actually are more likely to have increased psychological distress, which is what causes the eating disorder, not the abuse itself (Hund & Espelage, 2005).

Amazingly, not all veterans of childhood maltreatment suffer the same fate. Some appear to be able to counter the ill effects of their past and to a large degree overcome their circumstances. Some suggest that resilience is the mediator between those who are more adjusted and those who are not. Within the primary study of Dr. Hall, this ability to overcome has been identified as "becoming resolute." As previously explained, this construct has been defined as: having or showing a fixed, firm purpose; determined; bold; firm; steady perseverance; resolved; and unwavering. Perhaps, the road to becoming resolute has been paved by the strategies that the survivors have used along their journey. The present study will elucidate those strategies, providing useful information to clinicians who assist other survivors of childhood maltreatment.

Summary

This study does not concede that female survivors of child abuse are indeed only using coping strategies. However, it is realized that the concepts are similar in nature. Thus, references to existing literature on the related concepts do include that of coping. Existing literature investigating coping strategies used by survivors of child abuse has been described as weak (Oaksford & Frude, 2003). To date, the majority of the available literature focuses on a specific form of child abuse, in particular, childhood sexual abuse. There has been little research that considers all forms of abuse within the context of the study (Futa et al., 2003). Additionally, the literature focuses on immediate or long term coping, but fails to address how a survivor copes with the aftermath of the abuse (Oaksford & Frude, 2003).

As previously noted, the proposed research is grounded in a narrative study conducted by, Dr. Joanne Hall. This study does not focus on one specific type of abuse, rather, all forms of childhood abuse are considered. Within the context of this secondary analysis, the focus is on how the survivors moved beyond both the immediate abuse and the after-effects. The following chapter will review the available literature and the related concepts.

CHAPTER II

LITERATURE REVIEW

Introduction

The proposed concept of strategies for moving beyond is unique. Therefore, there is no literature to date in this specific area. However, as previously explained, coping is a related topic, and there exists literature in this field of study. It is for this reason that, in this chapter I will review the available literature on coping strategies as it relates to childhood sexual abuse (CSA) and childhood maltreatment.

I completed an extensive review of the PubMed, CINAHL, and PsychInfo data bases. I used terms such as "coping and child maltreatment," "coping and child abuse," "coping theory and children," and "coping theory." I also mined the reference list of relevant articles. My broad search revealed over 1000 articles dating from 1984 to 2006. While this is a vast amount of data, as I read the articles, approximately 23 articles were relevant to my specific topic.

While the majority of the literature that will be reviewed is empirical in nature, there are theories specifically related to child abuse and coping. These theories will be examined first. Then, by reviewing the empirical literature, the coping strategies that have been identified and utilized by survivors of childhood maltreatment will be examined. To begin, I will examine those studies that utilized qualitative methodologies. Then, those studies with mixed methods will be reviewed. Lastly, I will evaluate and discuss those articles that have employed quantitative measures. The final section will outline areas of common findings and suggestions for future research.

Theory

Transactional Model of Childhood Sexual Abuse

Spaccarelli (1994) evaluated most literature up to the time that he proposed his model focused on the symptomatology related to abuse, and asserted that the studies that had been completed were lacking a theoretical basis and a testable design. He felt "clearly, integrative models are needed that specify how abuse variables, individual-differences variables (e.g., attributional and coping style), and family environment variables (e.g., quality of support and family cohesion) each contribute to outcomes in this population" (p. 340). Thus, Spaccarelli proposed the transactional model.

This model operates under three different tenets. To begin, it is proposed that victims of childhood sexual abuse face "abuse stress." According to the model, "abuse stress" is a global category that is influenced by three possible stressors. These possible stressors are termed "abuse events," "abuse-related events," and "disclosure-related events." "Abuse events" include events that are actually related to the abuse, such as interactions with the perpetrators. "Abuse-related events" are situations like family stress as a result of changes in the environment. "Disclosure-related events" are any stress that is created by the act of disclosure of the abuse to another person (Spaccarelli, 1994).

The second tenet of the model is that the effects of the "abuse stress" are mediated by both cognitive appraisals and coping strategies. These coping strategies can be assessed as either positive or negative. Whether a positive or negative appraisal is achieved depends on both on how much support the victim has and on other moderators such as age, gender, and personality. According to Spaccarelli, a child who receives less support from the non-offending parent tends to cope more by cognitive avoidance. "The

model underscores the need to explore why children might react differently to very similar stressors" (p. 344), instead of assuming that a child's appraisal and coping responses are dictated by just one factor (Spaccarelli, 1994).

The final tenet of this model is that both the victims' coping strategies and their cognitive appraisals of the abuse do have an effect on the psychological symptomatology that the victims will experience. Additionally, within the model there exists some possible reciprocity. Just as the coping strategies and cognitive appraisals can affect the victim's psychological sequelae, the psychological sequelae can also influence future choices of coping strategies and cognitive appraisals. Also, there may exist some bidirectional influence between the relationship of the "abuse stress" and the type of cognitive appraisal and coping strategies. In short, Spaccarelli's transactional model contends that sexual abuse should be conceptualized as a stressor consisting of a series of abuse events, abuse-related events, and disclosure-related events that each tend to increase risk for maladaptive outcomes. The model also proposes that cognitive appraisals and coping responses mediate the effects of these events, that developmental and environmental factors may moderate relationships between sexual abuse stressors and victim responses, and that the victims' initial responses may effect subsequent levels of abuse-related stress (p. 340).

There have been both quantitative and qualitative studies that have either tested or utilized the Transactional Model of Childhood Sexual Abuse. Most have provided support for this model and will be discussed in greater length throughout this chapter.

Coping Theory

The basis of my study is not coping strategies. Rather, my focus is strategies to move beyond. To some degree, the two concepts are similar. Because of these similarities, I thought it appropriate and necessary to describe coping theory so that the two schools of thought can be differentiated.

Lazarus first introduced his theory of stress in 1966. Since that time, the theory has undergone many revisions. Perhaps, the most important of these revisions has been the partnership that formed with Folkman in 1984. It was at that time the Lazarus Theory of Stress was transformed to the Lazarus and Folkman Theory of Stress and Coping (Krohne, 2002). According to the Theory, stress is not defined as a specific kind of external stimulation or a specific pattern of subjective reactions. Instead, it is viewed as a relationship between individuals and their environment. Stress is relational because it is in the eye of the beholder. Once an individual has decided that a situation may be stressful, two types of cognitive appraisals occur (Folkman & Lazarus, 1988; Krohne, 2002). The appraisals can be intuitive and automatic or deliberate and conscious.

A primary appraisal has to do with whether or not what is happening is relevant to one's values, goal commitments, and beliefs about self and world and situational intentions. A person may ask, "What do I have at stake in this encounter?" (Folkman & Lazarus, 1988 p.310). If the answer is nothing, and no threat is perceived then there is no further encounter to explore. There is no secondary appraisal.

However, if there is a perceived threat from the primary appraisal, then a secondary appraisal ensues. The secondary appraisal focuses on what can be done, or what coping strategy should be used for this particular experience (Folkman & Lazarus,

1988). Coping is defined as a "person's ongoing efforts in thought and action to manage specific demands appraised as taxing or overwhelming" (Lazarus, 1993). Additionally, coping is a process that unfolds in the context of a situation or condition that is appraised as personally significant and as taxing or exceeding the individual's resources for coping. The process is initiated in response to the individual's appraisal that important goals have been harmed, lost, or threatened. These appraisals are characterized by negative emotions that are often intense (Folkman & Moskowitz, 2004, p. 747).

From their theory, Lazarus and Folkman developed the Ways of Coping Checklist—Revised (WOC, 1984). This tool contains a total of eight scales. There are six emotion-focused (self isolation, tension reduction, self-blame, emphasizing the positive, distancing, and wishful thinking), one problem-focused, and one mixed problem- and emotion-focused coping scale (seeking social support). This is a 66 item tool in which the participant responds on a 4-point scale ranging from "not at all" to "used a great deal" (Folkman & Lazarus, 1988; Futa et al., 2003; Long & Jackson, 1993). The focus tends to be on negative responses. However, in recent years, Folkman and Moskowitz, (2004) have recognized the need to focus more on the positive.

As noted in the previous definitions, coping is defined as managing internal or external demands that are appraised to be stressful. It is a reaction or response to one situation or appraisal. While some of the strategies the participants used in the present study could be considered as a reaction, this is not always the case.

Empirical Literature

Qualitative Literature

In order to make logical comparisons, within this section, I will review the available literature that utilizes qualitative methodologies. I was able to locate seven such articles. Table 2.1 offers a brief summation of the available and relevant research. The majority of this literature focuses exclusively on childhood sexual abuse. While the samples in the various studies have differing characteristics, many of the identified themes of all the articles are similar.

In a sound 1993 study by Valentine and Feinauer, women who self-reported being sexually abused as a child throughout the state of Utah were invited to participate in this study via a newspaper interview. Fifty-seven responded, but 22 actually completed the interview. The article never mentions the word coping or strategies; however, the intent of the article is consistent with those articles that do specifically identify these terms. For example, in order to participate, the women had to agree to discuss those important factors that had helped them to survive their CSA. Additionally, all participants had to verify that they were indeed functioning well. None reported any previous hospitalization, incarceration, or institutionalization related to the abuse or as an effect of the abuse. All reported they were living independently within the community and required no government assistance or subsidies. The goal was to identify resiliency themes from female survivors of childhood abuse who described themselves as doing well (Valentine & Feinauer, 1993).

Utilizing ethnography and cross-tabulation, five themes of resiliency were identified. These include: 1. the ability to find supportive relationships outside the

Table 2.1 Qualitative Literature

Authors	Year	Participants	Method	Findings
Valentine, L Feinauer, L	1993	22 Adult women in Utah who reported CSA.	Content & theme analysis using ethnography& cross-tabulation.	Themes of Resiliency
Morrow, S Smith, M	1995	11 Adult female survivors of CSA.	Glaser & Strauss Grounded Theory. 1967	2 Main Categories of Strategies.
Henry, D	2001	7 adolescent males and females ranging from 13-20 years of age with documented maltreatment. 3 child welfare case workers. 1 residential case worker. 2 foster parents.	Grounded theory Glaser/Strauss (1967)	Resiliency 5 Themes
Bryant-Davis,T	2005	35 adult males and 35 adult female African Americans who were exposed to some type of violence in their youth.	Spradley's ethnography.	13 Different Strategies

family; 2. self-regard or being able to think well of oneself; 3. religion or spirituality; external attributions of blame and other attribution styles of “this is not my fault”; 4.internal locus of control/ recognizing personal power-saying no, setting boundaries and being in charge of my own life; and 5. philosophy of life, such as saying life is good and or looking on the positive.

A study completed by Morrow and Smith (1995) employed the Glaser and Strauss methodology of grounded theory. Eleven women who were self-identified as CSA survivors were interviewed. The women ranged in age from 25 to 72 years of age. Participants were recruited through therapists’ offices in a large Southwestern area. The goal of the study was to investigate the constructs of coping and survival by female survivors of CSA and to develop a theoretical model from the lived experience of the survivors. The “theoretical model for surviving and coping with childhood sexual abuse” was derived from transcripts of semi-structured interviews and videotapes of a 10-week group that focused on what survival and coping meant to the participants (Morrow & Smith, 1995).

The method is described at great length. The participants completed an open-ended interview with two primary questions being asked: “Tell me specifically about what happened to you”; and, “Tell me how you survived.” After the initial interview, there was a focus group that consisted of 7 of the 11 participants. Two main categories of strategies emerged: “Keeping from being overwhelmed by threatening or dangerous feelings” and “Managing helplessness, powerlessness, and lack of control” (Morrow & Smith, 1995, p. 28). “Keeping from being overwhelmed by threatening or dangerous feelings” included a number of different strategies. These strategies included: (a)

reducing the intensity of troubling feelings; (b) avoiding or escaping feelings; (c) exchanging the overwhelming feelings for other less threatening ones; (d) discharging or releasing feelings; (e) not knowing or remembering experiences that generated threatening feelings; and (f) dividing overwhelming feelings into manageable parts" (p. 28).

"Managing helplessness, powerlessness, and lack of control" also includes a multitude of differing strategies. These include: (a) creating resistance strategies; (b) reframing abuse to create an illusion of control or power; (c) attempting to master the trauma; (d) attempting to control other areas of life besides the abuse; (e) seeking confirmation or evidence from others; and (f) rejecting power" (p. 30).

Another study by Henry (2001), also utilized Glaser and Strauss's grounded theory "to explore the strategies used by children to cope with abusive home environments" (p. 283). It is stated within the article that "grounded theory research aims at understanding how a group of people interpret their reality" (p. 287). However, the article has 13 participants, only seven of whom are actually victims of abuse. It is unclear how one could interpret a reality that has not been experienced. Those interviewed for this study include a total of seven adolescents ages 13-20 years, three child welfare caseworkers, one residential caseworker, and two foster parents. Each participant was interviewed three times.

There emerged five themes of coping that predicted resiliency. Despite the abuse that had occurred, the adolescents identified an ongoing "Loyalty" (p. 288) for the perpetrator of the maltreatment. Many felt that an abusive home environment was a "Normalcy" (p. 289) and this was just part of living in a family. The participants

described both an internal and external “Invisibility” (p. 290), in which they would either physically or mentally remove themselves from the realm of their abuser. Several discussed having a “Self Value” (p. 292), in which they felt like they were important to someone else, even if this meant God. The final theme predicting resiliency is the ability to conceptualize a future past the abuse. This is entitled “Future view of life” (p. 293).

While this author produced and explained many themes that are somewhat congruent with the other grounded theory studies, there exist many methodological flaws. As previously mentioned, “the intent of this study was to hear the words of the children themselves” (p. 295). However, they only interviewed seven adolescents. There is no mention of who the interviewer was, so it is unclear if the interviewer was trained in interviewing this age group. Finally, there is no identifiable theory or model produced from this study (Henry, 2001).

In a recent study, Bryant-Davis (2005) interviewed 70 adult African Americans who either witnessed (54%) or actually experienced (46%) some sort of violence as a child, to identify what strategies were used to cope with that violence. Participants were recruited via information flyers that were distributed throughout a Southeastern community of the U. S. Of those who responded, 50% were male and 50% female. Bryant-Davis states that the participants completed structured interviews without probes. However, the participants were asked specifically to explain their violent encounter and how they coped. The interviews were analyzed through the lens of Spradley’s (1979) ethnography. The method is briefly described in a few sentences.

Through the narratives of the participants, Bryant-Davis (2005) identified 13 different coping strategies. 1. “Activism” (p. 411) refers to helping others. Talking with

others, not professionals, is considered 2. “Community Support” (p.411). 3. “Creativity” (p. 411) may include a variety of events or actions, such as dancing, music, or writing. 4. “Spirituality” (p. 411) is a belief in a higher power or being that has more control than the person does. Thinking about the experience and analyzing and coping on the inside are considered 5. “Introspection” (p. 411). Many 6. “confronted” (p. 412) the perpetrator of the abuse in order to enhance their emotional well-being. Other victims of childhood violence view the circumstances of their experience with 7. “humor” (p. 412) or seek professional 8. “therapy” (p. 412) to cope. 9. “Safety precautions” (p. 412) are almost a vigilance in which the participants are hyper-aware of their surroundings in order to protect themselves from the violence occurring again. Many use mental strategies such as reframing the violence as normal through 10. “desensitization,” choosing to mentally reduce the pain by 11. “temporal reframing,” and by taking their mind off the experience by 12. “escapism” (Bryant-Davis, 2005). Finally, some made sense of their experience with violence through 13. “racial reframing” (p. 413), in which they view their experience as an oppressed race.

Mixed Methods Literature (table 2.2)

A New Zealand mixed-method study fraught with methodological issues examined a non-clinical sample of 40 women with a history of CSA (Perrott, Morris, Martin, & Romans, 1998). The research was intended to discern whether psychological well-being and current coping strategies were affected by their cognitive appraisals.

The qualitative portion of the analysis utilized Strauss (1987) and Strauss and Corbin’s (1990) grounded theory method. Although it is clearly stated twice within the

Table 2.2 Mixed Method Literatures

Authors	Year	Participants	Method	Findings
Himelein, M McElrath, J	1996	20 College undergraduates with a reported Hx of CSA. 135 with + 45 with HV CSA	Optimism Scale (1980) Mixed method content analysis. Mastery scale (1978) Optimism scale (1980) Affectometer 2 (1983) Symptom Checklist -90-R(1983)	4 Categories of cognitive coping strategies.
Perrott,K Morris, E Martin, J Romans, S	1998	40 women who report CSA.	Grounded theory Mixed Methods. Straus (1987) Strauss & Corbin (1990)	6 Main categories.
Oaksford, K Frude, N	2003	43 Female undergraduate psychology students with Hx of CSA.	Mixed Grounded Theory Glaser/Strauss.	4 Categories.

confines of the article that the ultimate goal of this method is production of a theory, there is never a theory declared in the article. There are, however, six categories of strategies that are identified: 1. “Deliberately Suppressing” (p. 1141) occurs when the participant deliberately attempts to suppress the abuse. 2. “Reframing the abuse” (p. 1142) includes minimizing the abuse by downplaying the effects or minimizing the abuse itself. This category also includes comparing themselves to others who have been abused. 3. “Working through the abuse experience” (p. 1142) describes the feeling that the women have worked through the abuse and have put it behind them. 4. “Seeking support” (p. 1142) can be achieved through both professional or non-professional help and or self-help books. When a participant 5. “Talks about their abuse experience as adults” (p. 1142), this is also thought to be a strategy. 6.“Coping on their own” (p.1142) is when participants feel as though they have had no assistance in coping and have done the work alone (Perrott et al., 1998).

The Present State Examination to access present and past psychiatric disorders and the Robson Self Concept Scale to assess self-esteem were used for the quantitative portion of the study. It was decided to use these scales because the authors felt like the women in the study were having difficulty assessing and explaining how they had coped. Validity and reliability of these measures were not discussed. Additionally, there is no explanation of the statistical analysis. It is reported that “deliberately suppressing” and “reframing the abuse” are both “significantly correlated with negative outcomes” (p. 1144). Contradictory to this statement, and within the same paragraph, is stated “women who reframed the abuse event were significantly better adjusted” (Perrott et al., 1998, p.1144).

A complex and statistically appropriate study completed by Himelein and McElrath (1996) utilized mixed methods to examine cognitive coping strategies associated with resilience. Initially, 180 female college freshmen were recruited at orientation of a small Southeastern College. This provided a non-clinical group of participants both with (n=45) and without (n=135) histories of CSA. To begin, the participants completed the Mastery Scale (1978) to assess statements about life control. This scale has a reported Cronbach's alpha =.72 for this population. Next, the participants completed the Optimism Scale (1980) to predict optimism for future life events, (Cronbach's alpha =.73). Then the Affectometer 2 (1983) (Cronbach's alpha =.91) and Symptom Checklist-90-Revised (SCL-90-R) (1983) were completed to assess psychological well-being. The SCL-90-R has a reported Cronbach's alpha = .88 in past studies; however, it was not tested with this population. Finally, the women completed a CSA history. The statistical analysis was completed using a MANOVA and hierarchical regression. "Greater perceptions of internal control and higher levels of unrealistic optimism were strongly related to better adjustment" (Himelein & McElrath, 1996, pp. 751). However, according to the analysis, there were no significant differences between the group of participants with histories of CSA and those without a history of CSA in regard to overall adjustment.

Of the 45 women who reported a history of CSA in the initial interviews of the study, 20 agreed to participate in the qualitative portion of the study. Qualitative content analysis was the methodology used; however, there is no explanation of content analysis. Participants were asked about five general areas including, current level of adjustment, general coping strategies, stressors experienced in the past, CSA, and future goals and

aspirations. More specifically with regard to coping, two examples of questions that would have been asked are, “What do you think helped you deal with this?” and “How would you help someone /advise someone going through what you went through?” (p. 752). To compare the more adjusted with the less adjusted, the sample was divided according to their adjustment index scores as reported from the quantitative portion of the analysis. Thirteen women were considered as highly adjusted. Cognitive coping strategies were deemed as significant if they were identified by at least half of the members of the high adjustment group. Strategies utilized by the low adjustment group were not mentioned within the confines of the article.

Four categories of coping were identified: “Disclosure” (p. 753); “Minimization” (p.754); “Positive reframing” (p.754); and “Refusal to Dwell on CSA” (Himelein & McElrath, 1996, p. 755). Of the highly adjusted, 85% reported disclosing the abuse, while within the low adjusted, only 43% reported disclosure. Within the highly adjusted, few disclosed when the abuse actually happened, but instead chose to reveal to family or a friend later. Most felt that disclosure of the abuse was helpful. “Several women in the high adjustment group described the impact of CSA on their lives in a way that appeared to mask, or minimize, the seriousness of the experience” (Himelein & McElrath, 1996,p p. 754). A majority of the high adjusted women felt that the CSA had in some way positively affected their lives. Participants from both the high adjusted and low adjusted, discussed attempts to not think about their experiences. However, the well-adjusted women were more able to discuss the abuse as though it were in the past. The poorly-adjusted women reported attempting to put the thoughts in the past, but often were unable to escape their presence.

Focusing on how strategies changed over time, Oaksford and Frude (2003) employed both quantitative and qualitative measures to examine those strategies used by survivors of CSA in both the short- and long-term. This is a complex, three-part study utilizing mixed methods. The research is well-described; however, statistical analysis was completed with an n=30 and only 10 of those were actually victims of CSA. There is no mention of calculated statistical power.

Initially, 249 undergraduate psychology students (female n=213, male n=36) attending a university in the United Kingdom were recruited and were part of the epidemiological study to assess for a history of CSA. Of the 32 who reported abuse, 100% were female and only 10 with a history of CSA volunteered to participate in the study in its entirety. There were 20 from the same sample who volunteered to participate as the control group to make comparisons (Oaksford & Frude, 2003).

The second phase of the study entailed a series of psychometric measures that were completed to identify the presence of any psychopathology. The participants completed four psychometric tests. These included: The Rosenberg Self-Esteem scale (1965) to assess self esteem; the Symptom Checklist -90- Revised (SCL-90-R) (1983); to assess psychological adjustment or maladjustment; the Belief Inventory –Revised (1986) to measure levels of self-blame associated with the abuse; and the Ways of Coping Check-List-Revised (1985) to provide a pre-interview measure of coping. All of the Cronbach alphas for the present study population were reported as >0.70. The control group did not complete the Rosenberg Self-Esteem scale nor the symptom checklist; however, they were provided with copies of these tests(Oaksford & Frude, 2003).

According to the Fisher's exact test, there exists a significant difference in levels of adjustment between those with a history of CSA and those without a history of CSA. Those with a history of CSA are less psychologically adjusted than those who don't have a history of CSA (Oaksford & Frude, 2003). These findings are contrary to that of Himelein and McElrath's (1996), wherein it is suggested that there is no significant difference between the two groups. Independent t-tests revealed significant difference in coping strategies suggesting that mal-adjusted survivors use problem-focused coping and blame themselves more than their more-adjusted counterparts. The analysis showed no difference between the groups in "seeking social support, wishful thinking, or avoidance coping strategies" (Oaksford & Frude, 2003).

Finally, in the third phase of the study, 10 of the women participated in in-depth open-ended interviews in which they were specifically asked about how they felt they had coped with the abuse at the time that it happened and how did they think they coped now. Glaser and Strauss's (1967) grounded theory method was utilized for analysis (Oaksford & Frude, 2003).

Four subcategories of strategies that were utilized when the abuse was actually occurring emerged. "Psychological escapes" (p. 55) include wishful thinking and or blocking, where the survivors tried to focus on something besides the abuse. Others described "support seeking" (p.58) by disclosing the abuse, or through emotional expression, or religion. Other survivors reported "action-oriented" (p.59) coping strategies in which they did something like avoiding the abuser or avoiding vulnerable situations. "Cognitive appraisal" (p. 60) occurs as a coping strategy when the survivors

contemplate their abuse through cognitive actions such as minimization, immediate non-disclosure, or burying their feelings about the abuse (Oaksford & Frude, 2003).

Long-term coping strategies include the coping mechanisms used weeks and months after the abuse and into the present. These include all of the same themes of strategies that were utilized at the time the abuse was occurring, with the addition of "positive reframing" (Oaksford & Frude, 2003, p.63). Reframing occurs when the survivor perceives her abuse history as beneficial in some way. As with most of the other grounded theory studies contained within this review, there is no theory or model presented.

Summary

The qualitative research that has been completed to date in this field of study is diverse with regard to population and age and has a tendency to focus only on resilient survivors (Futa et al., 2003). However, most of the themes that have been identified in the area of coping with childhood sexual abuse are consistent across the differing populations. Another similarity is the tendency to specifically define CSA and delimit it to this population. In fact, all of the studies that focused on female survivors specified a definition of CSA, and assessed the details of the abuse. Instead of having a narrow focus of only CSA, the Hall study has a broader focus of "child maltreatment." Methodologically, grounded theory is the choice of most qualitative researchers in this area of interest. However, only one of the studies that were reviewed produced a theory from the research.

Quantitative Literature

The database of quantitative literature in the field of coping with childhood abuse is more extensive than that of the qualitative camp, the majority of which compares the abused with the non-abused. The reviewed literature is noted in table 2.3. The following paragraphs will describe and evaluate this literature as it exists from 1992 to the present. As it is the nature of quantitative analysis to report in terms of statistics, much of the research to be reviewed employs the same psychometric measurements. Thus, that measurement tool will be described only the first time it is mentioned. Thereafter, the instrument will be referred to as it is in the article.

Leitenburg, Greenewald, and Cado (1992) investigated retrospectively what strategies female survivors of CSA used as children to cope with the abuse and how those coping methods were associated with psychological adjustment as adults. To begin, this study was submitted for publication in August 1990, but it was not printed until 1992. The study took place in Vermont where 1500 female registered nurses were sent a mailed request to participate if they were sexually abused before the age of 15. Only 54 women responded, which is a very poor response rate. The women had a mean age of 54 years (Leitenberg, Greenewald, & Cado, 1992).

The participants completed the Brief Symptom Inventory (BSI) (1982) to measure current psychological distress. The BSI is a brief form of the SCL-90-R (1977) that measures results in three global indexes of distress level. The Global Severity Index

Table 2.3 Quantitative Literature

Authors	Year	Participants	Measures	Findings
Leitenberg, H Greenwald, E Cado, S	1992	54 Female Registered Nurses with HX CSA.	1. Brief Symptom Inventory. 2. Coping Questionnaire (developed for this study)	**Denial & emotional suppression were utilized most frequently.**
Long, P Jackson, J	1993	66 female undergraduate students with HX CSA.	1. Past Experience Questionnaires. 2. Ways of Coping Checklist- Revised. 3. Symptom Checklist-90-revised.	**Emotion-focused strategies used more than problem-focused.**
Sigmon, S Greene, M Rohan, K Nichols, J	1996	59 Females, 19 Males with HX CSA.	1. Background data questionnaires. 2. Cope: a dispositional coping style inventory. 3. A time limited version of COPE. 4. Trauma Symptom Checklist. 5. Symptom Checklist-90-revised.	**All participants most frequently utilize avoidance as strategy.**
Tremblay, C Hebert, M Piche, C	1999	39 girls, 11 Boys. Ages 7-12 who had been victims of CSA in the past 6 months.	1. Child Behaviors Checklist-completed by mom. 2. Perceived Compliance Scale. 3. Self- Report Coping Scale. 4. Perceived Social Support scale. 5. History of Victimization Form.	**Coping strategies and social support do not mediate the effects of CSA, however coping strategies and social support do have a direct effect on CSA outcomes. Avoidant strategies used more than coping strategies.**
Merrill,L Thomsen, C Sinclair, B Gold, S Milner, T	2001	4098 female Naval recruits, 1134 Had a HX of CSA.	1. Demographic & family history questionnaire. 2. Paternal Support Scale. 3. Sexual Events Questionnaire. 4. How I Deal With Things Scale. 5. The Trauma Symptoms Inventory.	**CSA victims are less adjusted than nonvictims.** **Avoidance and constructive strategies were utilized most frequently.**

Table 2.3 continued

Authors	Year	Participants	Measures	Findings
Johnson, D Sheahan, T Chard, K	2003	86 females with a history of CSA currently in treatment.	1. Coping Strategies Inventory. 2. Schedule for Nonadaptive and Adaptive Personality. 3. Clinician administered PTSD scale.	**Women with PTSD used avoidant coping strategies more than those with out PTSD**.
Fula, K Nash,C Hansen, D Garbin, C	2003	196 female undergraduate students 86 had a HX of some type of abuse.	1. Demographic & Descriptive information form. 2. Childhood Experiences Form. 3. Assessment of Childhood Memories Form. 4. Ways of Coping Checklist Revised. 5. College Adjustment Scales. 6. Perception of Childhood Experiences Form.	**Those participants that were both sexually and physically abused used a wider array of strategies than their study counterparts.**
Steel, T Sanna, L Hammond, B Whipple, J Cross, H	**2004**	**285 males and females with HX of CSA**	**1. Sexual History Questionnaire. 2. Ways of Coping Questionnaire. 3. Attribution Style Questionnaire. 4. SCL-90-R**	**Escape & Avoidance confrontive coping have positively associated with negative long term psychological sequelae. Seeking social support is positively associated with positive outcomes.**

(GSI) was chosen for this analysis because it is the most sensitive in assessing distress levels. The alpha =.96 with this sample. A coping questionnaire was developed for this study. This tool had 9 sub-scales of coping. These include denial, emotional suppression, emotional expression, cognitive reappraisal, spiritual or religious support, cognitive rumination, confrontation, and avoidance. Factor analysis was not done on this scale because of the low number of participants (Leitenberg et al., 1992). Statistical analysis was completed using repeated measures ANOVA. Denial and emotional suppression were utilized most frequently. Direct action related to the offender and spiritual and religious supports were employed the least. While the participants most frequently used denial and emotional suppression, regression analysis suggests these forms of coping are significantly correlated with a greater maladjustment in adulthood.

Like Leitenberg et al.,(1992), Long and Jackson (1993) was also interested in the coping strategies used by female survivors of CSA and the adjustment of the survivors as adults. The Long and Jackson (1993) study recruited 66 female college students from a university psychology department research pool. The participants ranged in age from 17 to 29 with a mean age of 19.1. They completed the Past Experiences Questionnaire (PEQ) (1979) to ascertain childhood sexual experiences and other potential traumatizing events. The test-retest reliability of this tool is mentioned as good, but there is no reported Cronbach's on this particular population.

Next the participants completed the Ways of Coping Checklist-Revised (1985). This tool was created by Lazarus & Folkman to describe behavioral and cognitive coping strategies. The tool yields eight sub-scales including: Distancing, Self-Control,

Confrontive Coping, Social Support, Escape-Avoidance, Planful Problem Solving, Accepting Responsibility, and Positive-Reappraisal (Futa et al., 2003; Long & Jackson, 1993; Steel, Sanna, Hammond, Whipple, & Cross, 2004). Finally, the participants completed the SCL-90R to measure current psychological symptoms (Long & Jackson, 1993).

According to the findings, Long & Jackson(1993) report "victims" used a wide range of strategies. Generally, participants relied more on emotion-focused strategies than problem-focused strategies. Within this sample, only 9.1% ever sought professional help and few ever told any one who could help about the abuse. Many of the victims reported trying to detach themselves from the experience of the abuse, not being socially active, and wishing that things would be better (Long & Jackson, 1993).

A similar study examined childhood and current coping strategies and the current psychological adjustment of both male and female survivors of childhood CSA. (Sigmon, Greene, Rohan, & Nichols, 1996). Of 141 information packets that were distributed to local and national support groups for survivors of CSA, 59 female and 19 male survivors (55% return rate) agreed to participate. Each completed a background data questionnaire for demographics and to assess factors associated with the actual CSA Then, the participants completed a dispositional coping style inventory, COPE (1989), to identify coping strategies that were in current use. Factor analysis was completed on the COPE scale that revealed four coping factors with acceptable reliability: Problem-Focused (e.g., " I concentrated my effort on doing something about it"); Avoidance (e.g., "I admitted to myself that I couldn't deal with it, and quit trying"); Acceptance (e.g., "I accepted that it happened and that it couldn't be changed"); and Emotion-Focused (e.g.,

"I got upset and let my emotions out") (p. 62). A time-limited version of the COPE was also completed to identify the coping strategies that the participants used during childhood. Then, three measures of current psychological adjustment were completed. These include the Beck Depression Inventory, the Trauma Symptom Checklist, and the SCL-90-R. The authors discuss both validity and reliability of all the tools used; but, there is no definition of what exactly "good" is.

As children, both male and female participants reported using avoidance coping strategies the most and emotion-focused strategies the least. In coping with current stressors, females report using more emotion-focused strategies (Sigmon et al., 1996). These results are contradictory to Leitenberg et al. (1992) who reported that female survivors of CSA more frequently use denial and emotional suppression as a coping strategy; however, one must also take into consideration the differing samples of the two studies. All of the participants in the Sigmon et al. (1996) study were involved in a support group for survivors of CSA. One would expect that their coping mechanisms would be different from that of a non-treatment group.

Using Spaccarelli's (1994) model as a theoretical framework, Tremblay, Hebert, and Piche (1999) "evaluated the mediator role of coping strategies and social support on the adaptation of children following CSA" (p. 929). Tremblay et al. (1999) found that coping strategies and social support have direct effects, not mediator effects on outcomes. Fifty children (girls n=39, boys n=11) who were referred to the Child Protection Clinic in Montreal, Quebec, Canada, for alleged sexual abuse within the past six months participated in the study. The children completed three psychometric tools: the Perceived Competence Scale for Children (PCSC) (1985), to evaluate self perception; the Self-

Report Coping Scale (SRCS) (1992) to measure coping strategies; and the Perceived Social Support Scale (1985), to evaluate perceived support from parents, family, peers, and teachers. The researchers did not discuss validity of the tools. Additionally, the participants ranged in age from 7-12 years. There is developmental difference in comprehension between these wide ranges of ages; however, there is no mention of whether or not this was taken into consideration.

The history of the abuse was obtained via the History of Victimization Form (1987). The non-abusive parent, usually the mother of the children, completed the Child Behavior Checklist (1991). This was completed to evaluate the child's behavior in the past 6 months (Tremblay, Hebert, & Piche, 1999). Research has shown that even when the mother is not the one actually perpetrating the abuse, the children often blame the mother as much or more than they blame the abuser for not protecting them (Guelzow, Cornett, & Dougherty, 2002). Given the feeling of possible neglect, or anger, toward their mother, there is a question of the efficacy of having the mother complete such a scale. Perhaps, the mothers of the children were accessories to the perpetrators by avoidance. Either way, it is possible that the mother would be biased in some way regarding her child's behavior.

Statistical analysis suggested that, although these children were being evaluated for possible sexual abuse, they still had a high sense of self-worth. Regression analysis indicates that, as perceived by the mothers, children who utilize avoidant coping strategies exhibit a greater amount of aggression and delinquent behavior. There was no significant relationship between the use of approach strategies and adaptation of the children. Nonetheless, according to the study, the use of coping strategies and perceived

social support have direct effects on victims' outcomes, but coping strategies do not have mediating effects on adjustment. One must interpret these results cautiously, keeping in mind the low number of participants in this study.

A study by Merrill, Thomsen, Sinclair, Gold, and Milner (2001) empirically tested a model similar to that of Spaccarelli's (1994). Within their model, "the effects of abuse severity and parental support on long-term symptomatology are mediated by the manner in which the individual copes with the abuse experience" (Merrill, Thomsen, Sinclair, Gold, & Milner, 2001, p. 994).

During the first week of basic training, over the course of one year, 5,473 female U.S. Navy recruits were invited to participate in this study. Of those invited, 4,098 agreed to participate (victims of CSA n= 1,134 [28%]). To begin, the participants completed the demographic and family history questionnaire. Next, the women completed the Parental Support Scale (PSS, 1986) to assess how they perceived their parents supported them as a child. Then, the Sexual Event Questionnaire (1979) was completed. Finally, a version of the How I Deal With Things Scale (1987) was completed. The version of this tool used for the study was derived from a factor analysis. The final version of this scale contained three main subscales for the coping strategies the women used as children to cope with CSA. These included proactive constructive coping factors, such as behavior changes, cognitive reframing, seeking support, and self-acceptance. The second factor included self-destructive coping strategies, such as forms of escapism like drugs or alcohol. The final factor of the coping scale included avoidant coping. These strategies represent those actions in which the participant attempted to repress or deny feelings or thoughts associated with the abuse. The Cronbach's alpha of

these factored sub-scales range from .77 to .85. Lastly, the Trauma Symptom Inventory (TSI, 1995) was used to assess current psychological health (Merrill et al., 2001).

Analysis suggested that even when controlling for negative family environments, victims of CSA are less adjusted than non victims. As with other studies, victims reported using avoidance the most (Leitenberg et al., 1992), followed by constructive coping and then self-destructive coping strategies. Although Merrill et al. (2001) only partially tested their model, their results are consistent with that of Spaccarelli (1995) and provide empirical evidence to support his model. Both suggest that the effects of CSA are mediated by through both positive and negative coping. These results contradict that of Tremblay, Hebert, and Piche (1999). Perhaps, the differing results can be unraveled by the methodological disparities.

Both victims and non-victims of CSA participated in a study to examine the differences between the groups in areas of social support, coping strategies, and global self-worth (Guelzow et al., 2002). The participants included 188 female undergraduate students (victims of CSA n=44). Although participation in the study was voluntary, the students all received extra credit in their class as compensation for their time. The participants first completed the Sexual Victimization Scale (1984). Then, they completed the Coping Inventory of Stressful Situations (CISS, 1999). This identifies coping strategies in terms of task-focused, emotion-focused, and avoidance-focused using a 48 item scale. Task-focused determines a course of action by determining priorities and then following through with the action. This is considered adaptive. Avoidance-focused is a decision to ignore the problem and is considered as maladaptive. Emotion-focused involves self-blame and worry about the situation and is also considered as maladaptive.

Then, the participants completed The What I Am Like Global Self-Worth Scale (1986). Finally, the People In My Life Scale was completed. This assesses what the participants think of those other people in their lives. It assesses their perceptions of support by the significant others in their lives. The alpha of all of the tools was reported above .70. It is not mentioned if these alphas were obtained for this particular study population (Guelzow et al., 2002).

Analysis suggested emotion-focused coping was a mediating factor for social support systems, while there was no relation between emotion-focused coping and victimization. This finding supports that of Spaccarelli (1994) and Merril et al. (2001) in that victimization mediated through a coping strategy. Path analysis implies that victims of CSA are more likely to perceive less paternal support and therefore use more emotion focused coping strategies (Guelzow et al., 2002). Additionally, those who report a higher global self-worth use more task-focused and adaptive coping strategies, and those who use a more emotion-focused coping or maladaptive coping have lower global self-worth (Guelzow et al., 2002; Leitenberg et al., 1992; Tremblay et al., 1999).

Most studies to this time focused only on victims of CSA. In a ground breaking study, Futa, Nash, Hansen and Garbin (2003) examined "how adults with and without an abuse history are currently coping with memories associated with the abuse or other childhood stressors, as well as whether a history of abuse effects the ways women cope with current stressors" (p. 229). The sample was comprised of undergraduate students of a Midwestern university. The total sample included 196 females (physically abused n=38, sexually abused n=26, physical and sexual abuse n=22, no abuse n=110).

Participants had to complete the Childhood Experiences Form to assess the type of abuse that occurred. Those who reported being abused, then had to complete the Assessment of Childhood Memories Form. This form was created for this study. Those who denied abuse skipped this part of the form and served as the control group. Those who did complete this tool then had to complete the Ways of Coping Inventory Scale (WOC, 1984). This is a well established form that was normed on a sample much like the sample of this study. Participants then took the WOC Inventory again in regard to how they are coping with any current stressors, such as divorce. Then, the College Adjustment Scale was completed by all participants to judge overall adjustment to life. Lastly, the Perception of Childhood Experiences Form was completed. All of these tools were administered at the same time, in a classroom setting (Futa et al., 2003).

ANOVA analysis suggested there was no significant difference among the abuse groups in the way they cope with current stressors. However, as compared to the non-abused group, those who were abused appear to be less adjusted (Steel et al., 2004). When dealing with childhood memories, those who had higher levels of adjustment reported using less self-blaming and wishful thinking strategies. Overall, there was no significant difference between the groups in how they deal with current stressors. However, it is suggested that those with histories of more than one type of abuse utilize more than one type of coping strategy (Futa et al., 2003).

Summary

The quantitative studies provide valuable information about the differences and similarities in groups, but understanding what coping strategies a survivor is using is difficult. Most research of coping strategies utilized by survivors of CSA focused on two

general categories. These are emotion-focused and problem-focused. Emotion-focused may include minimization, denial, or disassociation and was considered as maladaptive. On the other hand, problem-focused which is adaptive, involves some type of action to manage the situation. This might include disclosure or actually stopping the abuse. The research is ambiguous as to whether or not the type of coping strategies that the survivor chose to employ had direct effect on the psychological well being of the individual in the present and in the long-term. The participants are confined to the terminology listed on a psychometric tool and are not able to tell us what they really did or did not do. Additionally, many compare the abused to the non-abused. However, the number of the abused is usually less than half of that of the non-abused, and there is no mention of statistical power. It is therefore reasonable to question the validity of the statistical results.

Common Methodological Limitations

A common criticism of all but one (Bryant-Davis, 2005) of the studies surveyed regarding strategies is racial bias. The majority of the participants were white and middle class with at least a high school education. Additionally, while the primary focus of most of the research was females, of those who intended to compare males and females, most of the participants were female. I suspect the gender bias is related to the fact that more women participate in research than men do. Another common limitation is that, overall, the sample sizes were too small to provide robust results. Finally, a great deal of the research completed was on college undergraduates, some of whom actually received extra credit for completing the interviews. This limits the implications to a particular sub

group of the population and inhibits the generalization of the results. Offering extra credit when recruiting participants could ethically undermine research.

Recommendations for Further Studies

There is an absolute paucity of research in the area of general childhood maltreatment i.e., maltreatment that is not confined to sexual abuse. More specifically, I only located only two articles that examined this area as it relates to coping strategies. All others specifically addressed and defined the area of interest as that of survivors or victims of Childhood Sexual Abuse. Sexual abuse is not the only type of abuse that some children must endure. To effectively communicate and treat an ever-growing population of maltreatment survivors, we must attempt to hear what they have to say.

I contend both qualitative and quantitative research methods have beneficial attributes, and neither method is necessarily better than the other. However, I felt one method may be better equipped to identify and describe countering strategies utilized by female survivors of childhood. For this proposed area of research, I felt the qualitative approach of content analysis would be the method of choice.

CHAPTER III

METHODOLOGY

Introduction

This is a secondary analysis of data collected in the federally funded study by Dr. Joanne Hall. The data that I analyzed was already collected and transcribed. To begin, the following paragraphs will describe the participants and data collection for the original study. Then, I will detail the methodology of analysis for my study.

Participants and Recruitment

The majority of the women who participated in the research study responded to a local newspaper article in which Dr. Hall was discussing her research. There was some additional purposive sampling from Dr. Hall's personal contacts with women of color so that minorities would be represented in the sample. Within the original study, there were 44 women who completed at least one interview. Twenty-seven of the participants completed all three interviews. See table 3.0 for demographics.

The inclusion/exclusion criteria were that participants would: (a) self-identify as a child abuse survivor; (b) comprehend English at the sixth grade level; (c) not be experiencing psychotic symptoms, severe depression, or suicidality; (d) not be currently experiencing interpersonal violence; (e) not be currently using drugs or alcohol; and (f) not have acute physical illness. Inclusion criteria were self identified.

Table 3.0 Demographics

Pseudonym	Race	Age	Education	Occupation
Adele	Caucasian	48	Graduate degree	Computer system administrator
Amy	Caucasian	29	Some graduate school	Communication Coordinator
Becky	Hispanic/Caucasian	38	High school	Owner of business
Betsy	Caucasian	54	Some college	Legal Secretary/ currently on disability
Beth	Black	52	Some college	Certified Nursing Assistant
Candace	Caucasian	45	Some college	Mental health advocate
Carmen	Caucasian	44	College degree	Pursuing MSW to become counselor
Cher	Black	32	Some college/enrolled now	Studying to become nurse
Claire	Black	52	Some college	Counselor/working on degree in criminal justice
Denise	Caucasian	43	Graduate Degree	Social Worker
Dove	Black	50	Post – h.s. training	Counselor
Elaine	Caucasian	57	Some graduate school	Homemaker/teacher
Ethel	Caucasian	66	College degree	Retired patient advocate
Fay	Caucasian	32	College degree	Architect, politician
Fran	Caucasian	47	2 assoc. degrees/ pursuing BA	Information management
Gwen	Caucasian	60	College graduate	Nurse
Hope	Caucasian	47	Some college	Flight attendant
Jade	Caucasian	47	Some college	Nurse
Janet	Caucasian	60	Some college	Manager in cosmetics business
Jeri	Caucasian	33	College degree	Homemaker, has small children
Joy	Caucasian	62	Post – h.s. training	Insurance adjustor
June	Caucasian	37	Graduate degree	Physician
Lyn	Caucasian	60	Several College courses	Clerical

Table 3.0 Continued

Pseudonym	Race	Age	Education	Occupation
Mae	Caucasian	46	College degree	Registered Nurse
Meg	Caucasian	79	10^{th} grade	Factory worker
Ruth	Hispanic	47	College degree	Laboratory researcher
Sue	Caucasian	51	Graduate degree	Human resources professional

Data Collection

The participants met the interviewer at a location of their choice. For most women, the interviews took place either in their homes or within the PI's research office at the University of Tennessee, Knoxville, College of Nursing. The goal was to interview each participant three times over the course of one year.

Before interviews began, at the first meeting, the research was explained to the participants. They were told they could drop out at any time for any reason. Both the interviewer and the participant signed confidentiality agreements (Appendix A). Additionally, demographic forms were completed (Appendix B).

All of the interviewers were experienced psychiatric nurses. I did not participate in the interviews. As with many qualitative methods, the interviewer is the research tool. This allows the participant the opportunity to express his or her experience without being led by the interviewer. There was an interview guide available to the interviewer to use if necessary (Appendix C). The interviews all began with the same question, "What made you decide to participate in this study?" Participants were then free to take the conversation where they saw fit. All of the interviews were recorded and later transcribed verbatim. Each participant was given a pseudonym within the transcription to protect confidentiality. Field notes were completed after each interview by the interviewer to describe the contextual environment of the interview.

Data Analysis

As mentioned, this is a secondary analysis of Dr. Hall's federally funded grant. This is a grant that thus far has spanned four years and has given birth to a large,

multidisciplinary research group. The team met regularly until the interviews were transcribed to discuss methods, probable findings, future ideas, and to discuss concepts as they may or may not to related to female survivors of child abuse (Appendix D for Concept List). Once the transcripts were completed, the meeting times increased to approximately once a week for over a year, for the daunting task of reducing this vast amount of material into something meaningful. The meetings generally lasted about three hours. Occasionally, the team met on weekends for longer periods of uninterrupted time.

The Summary Narrative Assessment Form (SNA) was created by the team as a logical way to capture the key aspects of the narrative of the participant (Appendix E for SNA). Each team member took one to four individuals and completed the SNA of each interview. I participated in this step of the process. The SNA provided a logical framework to assist in reaching the specific aims of the study. The completed SNAs of every participant were reported within the context of the team meeting. Once the SNA was presented, all of the team members discussed that particular SNA and how the findings within that SNA related to other participants. Once the SNAs were completed, the transcripts were not placed to the side. The transcripts remained close and there was a constant comparison between the SNAs and the actual transcripts. As the transcripts were read and SNAs completed, areas of individual interest raised among the research team members. This spawned a variety of different foci and research projects. The moving beyond strategies that female survivors of child abuse utilize is one such area.

Qualitative inquiry employs microanalytic methods to evaluate, explore, and investigate interactions and processes. Qualitative methodology is sometimes thought to only illuminate or enhance understanding, but it does more. The knowledge that qualitative research provides "allows us to recognize our humanness in sickness, and in health, to provide health care, and to plan organizations, programs, and policy accordingly" (Morse, 2004). To better understand what countering strategies a female survivor of childhood maltreatment employs, the qualitative method of content analysis is selected.

This secondary analysis only included the interviews of those women who completed all three interviews. This is a yield of 27 participants and 81 interviews that lasted from 60-90 minutes in length. Data analysis was conducted following the guidelines of qualitative content analysis as suggested by Downe-Wamboldt (1997).

Content Analysis

Introduction

According to Krippendorff (2004), content analysis "views data as representations not of physical events, but of texts, images, and expressions that are created to be seen, read, interpreted, and acted on for their meanings" (p. XIII). Where social researchers adopt natural scientific methods of inquiry, the epistemology that is inscribed in such method prevents them from addressing what matters most in everyday social life: human communication; how people coordinate their lives and the commitments they make to each other and to the conceptions of society they aspire to; and what they know and why they act" (p. XIII).

History

As compared to other methods, content analysis as a qualitative approach is a relatively new idea. The first known attempt at content analysis was likely a quantitative newspaper analysis in which Speed (1893) (as cited in Krippendorff, 2004) attempted to ascertain if the newspapers really printed the news. Although this scientific inquiry was measured by placing a ruler against the margins to measure the amount of text that was dedicated to a particular topic, the method led to a number of new ideas (Krippendorff, 2004).

During World War II, it was proposed that deviant propaganda was being released in the form of mass communication. Content analysis was used to extract information in order to point the finger at those individuals who were attempting to influence the thoughts of the unsuspecting world citizens (Krippendorff, 2004).

As the 1950's approached, content analysis continued as a methodology to analyze primarily media text (Priest, Roberts, & Woods, 2002). It was soon realized that the method could prove useful in a number of disciplines outside of the communication world. Psychologists adopted the method to investigate verbal records. In 1955, the Social Science Research Council's Committee on Linguistics and Psychology sponsored a conference on content analysis. In the 1970's, the field of anthropology and ethnography also adopted the methodology (Krippendorff, 2004).

Prior to the 1980's, content analysis was mostly used in journalism and communications research and was considered more as a quantitative method. Within the world of communications research, it had been recognized many years before that

"quantitative analysis may reduce accuracy," (p.631) and that "qualitative analysis may be more fruitful" (Kracauer, 1952-1953 p.631). However, the preferred avenue of analysis remained that of quantitative. Krippendorff (1980) recognized that the method was at a "crossroads" (p. 7). He proclaimed that the history of content analysis was rooted in journalistic fascination with numbers, supposedly making a quantitative statement more convincing than a qualitative one. Content analysis could continue the counting game which could lead to excitement, but not to insights (Krippendorff, 1980). Additionally, Krippendorff (1980) felt that the quantitative requirement that was content analysis was "restrictive" (p.21). Thus, he too purported content analysis as a qualitative method.

Since that time, it has also been recognized that content analysis also has much to offer nursing knowledge (Buchnall, 2003; Graneheim & Lundman, 2004; McEwen, 2004; Winslow, 2003). It is for these reasons that I choose this method to examine the countering strategies of female survivors of child abuse. To begin, the method enables data that was originally intended for a different purpose to be analyzed for areas that are relevant to nursing. Next, content analysis allows insight into complex human interactions and is unobtrusive to the participant (Waltz, Strickland, & Lenz, 2005). Additionally, the method is able to handle large amounts of unstructured material and is able to keep the context for which the data was intended (Krippendorff, 2004).

Downe-Wamboldt(1992) Methodology

Content analysis can be both described as inductive and deductive. This analysis is an inductive approach in which the categories for describing the data evolved

throughout the analysis. This allowed the researcher to continuously develop the categories and themes through the narratives of the participants (Waltz et al., 2005).

Downe-Wamboldt (1992) created a specific outline for conducting content analysis that involves a specific process with specific steps. These include:

1. Selecting the unit of analysis
2. Creating and defining the categories
3. Pre-testing the category definitions and rules
4. Assessing reliability and validity
5. Revising the coding rules if necessary
6. Pre-testing the revised category scheme
7. Coding all the data
8. Reassessing reliability and validity

Selecting the Unit of Analysis

Selecting the unit of analysis is perhaps the most basic and important decision that the researcher makes. The researcher must decide what is going to be studied and how (Cavanagh, 1997; Downe-Wamboldt, 1992). This proclamation directs the study. For this study, the unit of analysis is complete interview transcripts. Transcripts of all three interviews were analyzed.

Creating and Defining Categories

This step is intended to create and define category schemes and is a central concern of the analysis. Categorical schemes will increase the understanding and knowledge of the phenomenon. The categories are based on the research question, any

relevant theories, review of the literature, and review of the text (Downe-Wamboldt, 1992; Woods, Priest, & Roberts, 2002). The researcher may anticipate some themes prior to beginning the close reading of the text; however, it is not likely. Creating and defining the categories is a dynamic process that unravels as the analysis continues. It is critical within this step to define the categories so that accurate coding of the material can be completed.

This phase of the analysis was achieved by first reading through all of the SNA's of the participants while I kept the draft definition of what constituted a strategy in my mind. Pre-categories of strategies quickly began emerging. I then read all of the SNA's again. As I read each SNA, I made each participant an individual sheet with bulleted summary points that appeared to be a strategy. From these bulleted sheets the first draft of "categories of strategies" was made.

Pre-testing the Category Definitions and Rules

Within this phase, a sub-sample of the text is analyzed to determine if the classification rules are clear or ambiguous. Also, this stage allows the researcher to decide if the predetermined categories were appropriate or if new categories need to be created. "A benefit of content analysis is that the researcher has the opportunity to devise the most appropriate definitions of the categories based on his or her interactions with the data. Moving back and forth between text and the output of content analysis provide for progressive refining and validating of the coding scheme" (Downe-Wamboldt, 1992). During this phase, I began reading the full text interviews of the

participants. As I read a few of the transcripts the "category" names constantly evolved. By this time the definition of a strategy had morphed.

Assessing Reliability and Validity and the Coding Rules

I brought my initial work to the PI and to the "Thriving" research group for feed back and re-vamped existing coding categories and rules.

Pre-testing the Revised Category Scheme

Along with another graduate student I went back to the text to test the category schemes. I divided the transcripts between us, keeping all three interviews of each participant together. I took the majority of the transcripts. She and I had multiple meetings and discussions of the titles and rules of coding. We hashed out the details until 100% inter-reader reliability of category titles was achieved.

Coding All of the Data

We began to read a few of the transcripts independently. We coded each transcript according to the categories that had been created. Again I reported and presented the categories and themes to the "Thriving" research group. Although some of the titles of the categories were reengineered, the coding definitions and concepts remained.

Next, all of the quotes that defined a particular category were listed on separate pages. For example, all of the quotes associated with "therapy" were listed on a page and all of the quotes associated with "helping self" were listed on a page. I then took half of the categories and the same graduate student took the other half. Separately, we each read all of the listed quotes to ensure that the quote was listed within the correct category.

Then we switched. She took the themes that I had examined and vice versa. Again, we examined the quotes to ensure that they were listed in the appropriate category. We discussed any discrepancies until 100% inter-coder reliability was achieved.

Assessing Validity and Reliability

Within the realm of qualitative research, validity is not achieved through statistical measures. Instead, validity is achieved when the researcher successfully investigates what he or she wanted to investigate. If the researcher has presented "convincing evidence" of the "description offered", the validity of his or her findings has been provided (Thomas & Pollio, 2002, p. 41).

Researchers using content analysis rely heavily on content validity. This is achieved through a panel of experts that supports the category production (Cavanagh, 1997). I have presented the categories and themes on numerous occasions to the multi disciplinary "Thriving" research team. This has provided a constant source of rigor to my study.

Finally, there was be a retraceable audit trail (Hupcey, 2005). I have kept all of my notes and levels of coding. Anyone who questions my methodology or process or anyone who wants to repeat the same study will be able to do so.

Protection of Human Subjects

Approval for the primary investigation completed by Dr. Hall was obtained by the University of Tennessee in Knoxville (UTK), College of Nursing Human Subjects Review Committee, and then approval was received from the UTK Institutional Review Board (IRB). Since this analysis is a secondary analysis, further IRB approval was not

necessary. I received approval to complete this study from the UTK Institutional Review Board by completing a form D.

Confidentiality was maintained. All identifying marks and numbers were removed from the transcripts. Each participant was given a pseudonym that was used for identification on the transcripts. Only I and the research team had access to the names, addresses, and phone numbers of the participants. Additionally, only the researcher and the researcher's dissertation committee had access to all of the transcripts. Transcripts have been stored in the home of the researcher in a locked file cabinet and will be maintained for a period of no less than three (3) years. All signed consent forms have been stored at the UTK College of Nursing.

Risks and Benefits

I had no personal contact with the participants. Since this is a secondary analysis, all of the interviews had been completed and transcribed before I became acquainted with the project. There is no risk for the participants; however, the potential benefits were great. Child maltreatment is one of the ugliest, most evil phenomena of any society. It is an occurrence that has been proven time and again to affect the abused throughout the course of their lives. To this point, the bulk of the literature has focused on the adverse, deleterious effects and not what the women have done to move beyond them. While these strategies in no way promise an instantaneous remedy; perhaps, the stories of these women offer hope to those who continue to struggle. Through their narratives, these female survivors of child abuse have shown us that long, slow chipping away of a very

big stone is possible, even for a little girl. The following chapter will discuss the findings of the analysis.

Chapter IV

FINDINGS

Introduction

> "Let him deceive me as much as he will, he can never cause me to be nothing so long as I shall be thinking that I am something. And thus, having reflected well, and carefully examined all things, we have finally to conclude that this declaration, Ego sum, ego existo (I am; I exist). (Rene Descartes, 1911).

In addition to seeking traditional forms of help, individuals traumatized by childhood maltreatment report many tactics they have or presently use to attenuate the effects of the abuse, or the later consequences that they narratively associated with it. An in depth analysis of the 27 women who have completed 3 interviews has been completed. This analysis utilized the Downe-Wamboldt (1992) method of content analysis to identify and explain life strategies that have been used by female survivors of childhood maltreatment to move beyond the negative effects of this situated societal evil.

Three themes have been identified. To begin, there is the generative theme of Facing Down Death from which the moving beyond strategies illuminates. Then, the moving beyond strategies exists within the interconnected themes of: Purposeful Cognitions/ Emotions and Purposeful Actions. These main themes are multifaceted and are further delineated with many categories contained within each theme (see table 4.0).

Table 4.0 Moving Beyond Strategies

Facing Down Death	• Physical • Internal
Purposeful Cognitions/ Emotions	• Relinquishing guilt/ shame • Exercising Positive Self Talk • Removing the Focus from the Abuse • Practicing Self Protective Cognition • Forgiving • Choosing Not to Forgive • Minimizing the Abuse • Developing Empathy
Purposeful Actions	• Participating in Therapy • Choosing to Disclose • Confronting Abuser/Family • Helping Self • Establishing Boundaries • Engaging in Religious Practices • Interacting with Others

Within this chapter I identified and discussed the themes and categories. Participant vignettes and exemplar quotes provide support for each identified theme.

Although the focus of the original study is on recovery and healing, the journeys that our participants have traveled are not without bumps and detours. They have withstood a tumultuous journey that was indeed often described as a "roller coaster." As described by S.P. Thomas (2006), these women endured many "contaminating" and "redemptive" sequences on their trajectories to resoluteness. All of the participants utilized a variety of the strategies from each category at differing times in their lives depending on that trajectory. Strategies that were effective as children are not always effective in adulthood and vice versa, and most strategies are still evolving. Many of the recognized strategies were not originally initiated by the participant as strategies for moving beyond. Instead, the strategies were simply things that the participants tried that ultimately served them great benefit. Even though the women didn't usually intend something a strategy, it is visible within the context of their narratives that their actions were indeed strategies. Although at differing points in their lives most suffered severe depression and some even survived suicide attempts, the participants of this study are moving beyond and are making strides every day to overcome their past.

Themes

Facing Down Death

Within this study there exists a generative theme or a seed from which all else comes. The theme of Facing Down Death is a common thread that is interwoven

throughout the lives of every participant. Because all of the women bore this burden of being abused, at some point, sometimes daily, they all had to face down either a literal or symbolic death.

The threat of physical death is indeed the threat of life ceasing to exist. There were those that were truly in fear for their lives. They held onto their secret because the abuser had literally threatened them with physically taking their lives. Janet's father was a worker in a rock quarry and he would take her into the quarry at night.

> And it was so dark that you really, truly could not see your hand in front of your face. There was no light once you got past the entrance, it was totally, totally dark. And I knew in my mind that he could take me in there, and leave me and I would never be found. And so I always had this fear- of, I had to do what he said, because if I didn't, and, and he would always say, um - some version of, you know - or you'll be sorry or it'll get worse or, you know, and what could be worse than he was already doing, would be death. So, I lived with that constant fear of I had to not tell, look like and act like everything's okay (chuckle)... just to save my life.

Some of the women not only faced this as children, but because their childhood abuse was perpetuated by an abusive first marriage they also had to face down a physical death from an abusive spouse. Ruth spoke of her first husband and described the abuse and how she had to face down death.

> I had to tell it and I never wanted to become a statistic I uh - married right out of high school at 18, so what did I marry? Same thing, very same thing and um - he

was uh - emotionally, verbally, physically, sexually abusive, and I didn't know that during the dating time. It didn't, nothing ever happened - and uh, get married at 18 and fall into the same trap, where he'd even hide my birth control pills and try to make me pregnant and I thought I'm not going to be like my mother, have all these children, I am not going to be um - taken over by a man that's so unstable and thinking that I'm going to stay pregnant and he's going to - run around on me and leave me and so um - I told him if he didn't and um - I pretended to uh - to load a gun and I pointed it at him, so desperate I had become - and I told him that I would blow his head off if he didn't stop screwing with me and um - that helped for a while because, for the first time, I could see a bully backing down from me (I 1 pg 2).

As many of the participants at one time or another engaged in hazardous behaviors, they also faced down physical death perpetrated by their own hands. Many have had unsuccessful suicide attempts; have combated alcoholism, drug addictions, and eating disorders. Claire described her addiction to alcohol, the reason for it, and what it was like coming out of it.

I think, I, I think - my beginning was off to a good start - after 18, um - even though it had been very traumatic I knew that I didn't want to go back into my mother's home, so I went to college - you know - I didn't - that didn't work out - I got married, had a baby, that didn't work out - I got divorced, got married, that didn't work out, and got married for the last time. Um, I think I was actually running and didn't know, like I said, didn't know what I was running from. The

turning point I don't think came for me until ... until I got sober 10 years ago - I don't think I - I think I was walking around in a daze.

The treatment was very intensive, intense and, and it's the same thing for anybody who struggles with an addiction, you gotta be willing, you, you've got to really be willing to do this and if you say you can, you will, if you wanna do it, you will, if you don't, you won't. And I was sick and tired of being sick and tired and I knew I had to - I, I'm through, I was through - I didn't have another choice, but once I got sober, so many other things played - came into - reason - I could look back and see why all these other things have happened, I mean - I mean, you can put it, kinda put it altogether, you can't - at this point you can't fix it, change anything, it's there, but you definitely can look at it and see why it happened. I could, for me. It's like I said I think I walked around for a very long time not wanting to face what was going on, I think it was something I didn't want to look at, it was so painful I couldn't touch it, I couldn't deal with it, I think I drank to try to forget, to make it go away. Well, after you figure out that's not working, you go to another place and that was for me, was getting sober. Well, now since I've gotten sober, I can pretty much look and see that - I know that - I didn't know I was in pain, I didn't know I was drinking, I didn't know I was doing anything - a lot of things I was doing, but it became apparent to me once I got sober - um - if that answers your question, I mean - I just seemed to be running. I mean, I didn't know,

I mean - it's like I, I just didn't figure it out - by that time I'm 40 - uh-uh - so - I was a late - I, I probably started drinking at around - 30 - mm-hm - didn't drink

prior to it - none - didn't - nothing. But I think I was in so much pain from just running, and running, and running, and running, and running, it just came - it just seemed to answer - that way I didn't have to deal with anything, I didn't have to feel anything - you know - and - when you get sober - you feel like - oh – hell.

The other type of death that all of the women faced was that of an internal death. An internal death is akin to a death of the spirit. This is perhaps the most heinous of the two. This type of death risks your will to go on, to overcome, to have hope, to be somebody someday, to be protected by those who are supposed to love you, essentially the death of all things good. Janet describes what it was like as a child to be abused and how the abuse, for a time, absconded her spirit.

the first time I remembered was in the first grade and looking in the mirror – and, you know, I could see that I had combed my hair, I had brushed my teeth or whatever but there was, it was like nobody was home. There was no sense of who that was. I could look at a group picture and not be able to find myself. And I would think - how can they know - other kids say - oh look, look at me, look at me. And I would think how can they ever, can they tell. How'd they know? I remember I was on the end – oh yeah that's the dress I wore that day - but now the thought of any child I know of six-years-old or seven-years-old looking in the mirror and not seeing anyone - that brings me to tears just the thought of a child going through that. And yet I went through it" (I 3 pg 19).

Denise described what it was like to be a child and to want to give up hope because of having to face the abuse.

> I think part of it is that I always had a hope - that life would be better. Somehow - knew that this was not what life was supposed to be like and that, and that somehow I could make my life better - um - and - um - I think - as a, as a young child - um, I, I think my religion, my, my faith has, has been a big part in, in giving me strength and courage to - to face what I needed to face and live through it. Yeah, it was sort of unnerving as a child, you know, it was kind of like - I, I wanted to give up hope as a teenager especially, you know, you go through that dark gloomy stage anyway and, and I wanted to give up hope but there was always, when I, when I was really honest with myself, there was always this glimmer, this damning glimmer of hope (chuckle) that life could be okay and I, and that I could be happy one day. Yeah. And I, I think that's a lot of what got me through, you know, just sort of hanging on to that when there wasn't anything else to hang on to.

The women of this study took the threat of an internal death because they had no choice. No one would ever choose to be maltreated. Fortunately, they were able to find within themselves the ability to use what resources they had and take step by step and day by day to move beyond. As previously mentioned, this was not always a straight and narrow path to rise above. The decision to choose the positive and "hang on" despite egregious circumstances, according to these resolute survivors, is indeed a choice.

Purposeful Cognitions/ Emotions

As children and as adults, in order to move beyond the abuse, the participants had to access their inner strength through intentional cognitions and emotions. This is a

complex theme that entails an array of thoughts and emotions that could be considered both positive and negative. However, it is not the purpose of this analysis to determine or make judgments of whether a particular strategy is positive or negative. Rather my purpose is to reveal what the participants have done that has propelled them on the path to face down death, and ultimately overcome their past.

There are eight categories within the theme of purposeful cognitions and emotions: Relinquish Guilt/ Shame, Exercising Positive Self Talk, Removing the Focus from the Abuse, Practicing Self Protective Cognitions, Forgiving, Choosing not to Forgive, Minimizing the Abuse, and Developing Empathy. These are willful thoughts and expressions that enabled them to face down death and moved the participants beyond their circumstances. While not all of the participants used all of these strategies, all of the women did utilize some combination of the strategies throughout their lives.

Most of these strategies helped them to realize that they were and could be more than the abuse, while other strategies somehow decreased the significance of the abuse by making the abuse seem less than it was. These strategies offer the women a choice in how to frame their abuse. They were more than what they had been taught as little girls. They had worth. They were not mere "victims," they were "survivors."

Relinquishing Guilt/ Shame

I acknowledge that shame and guilt are fundamentally different. Shame is a "comment about the whole self of a person, while guilt is a response to something we did that we want to do differently next time. Guilt allows us to make changes in our behavior; shame takes us more deeply into feelings of worthlessness or despair about our

self-perceived shortcomings" (Napier, 1993, p. 178). In essence, according to Lewis (1971), guilt is more concerned about what a person does. Shame goes deeper. It pervades who the person is. Although the terms do not mean the same thing, the participants themselves often grouped these terms together. It is for this reason that I will examine the strategies that the participants used to move beyond the yoke that both had created for them.

In order to begin the work of healing, many of the women had to first realize that the abuse was not in any way their fault. Participants had carried the weight of guilt and shame with them for years, and it took a purposeful cognition to put the shame and the guilt to rest. Even though the realization was that they were completely innocent in the crime, they had to take ownership of their innocence.

Mae and her younger brother were both severely abused by their parents. Her father was an alcoholic, and her mother was "emotionally incestuous." Mae describes a time with her therapist when she finally realized she didn't have to feel guilty or ashamed any more.

> There was a time when I thought all this just means I'm crazy, and now- and Dr. L (psychiatrist) helped me with that, he said, Mae, you know you wouldn't fault someone who 'd been through a war, for what they, you know, flashbacks and nightmares and you know, depression, and because you'd know they were a veteran of a war, and you know, you would, you would forgive them, you know, and if that's what you are, and that helped a lot, because I thought, well you know, yeah- I'm not ashamed anymore like I once was, of going to a

psychiatrist and having been in a hospital, I thought, well if anybody deserved it, I do (I 1 pg 20).

Becky also describes the importance of relinquishing the shame and guilt of the abuse. She feels that anyone who has suffered abuse needs to realize the importance of not blaming yourself for what happened.

> And then I still had a very hard time talkin' about it. I probably - in, during the initial therapy - I probably only talked about it, probably - 10 minutes? I just did not want - I did want anything to do with it, ya know. It's like I wanted it away. Like, I didn't - but the older I got and the more I've come to - you know, say okay, that's what happened to me, it's part of me, and, so, um - so, you know, it was in high school, but I really didn't - you know if someone brought it up or anything like that, I would like, ya know - didn't want to talk about it. Didn't want to, you know, own it at all, you know. I just didn't want it. But the older I've gotten, the more I realized that, ya know – the more I've tried to like educate myself on anything that I can read, or you know, or anything like that, the more I try to educate myself on people who have been – been abused, and - I've done. I've read about it. And it doesn't - I'm not so ashamed anymore. Because it wasn't - it wasn't something that I did. You know, whenever you're young, I think that you don't realize that it is not your fault, so- so I think that's a big thing, maybe, for people to know. You know, I think that's a really big thing, for people - for anyone who has been abused to realize that it's not anything - especially kids - it's not anything that they've done (I 1 pg 8).

> In real life, I know that whenever I was in therapy I realized that it - the abuse was not my fault. That it was, ya know, totally not my fault. And that really helped, realizing that. Realizing that it was none of my responsibility whatsoever (I1 pg 4).

Amy describes her overcoming her abuse as a "gradual rousing" out of a "deep fog." She stated that it goes "down in layers until it is finally gone." In order to peel off the layers, Amy had to realize that she was blameless in her abuse.

> I finally just, you know, realized that, you know, it's, that I'm not at fault, that you know, that it happened, you know, and, and I've got to accept that, and, you know, it's, it's, you know, it's one of those things where, um ... I can't blame myself anymore, you know, it's - it's, the blame is not on me, and - um - (sigh) of course the blame is on the people who did that to me (I 2 pg 8).

Exercising Positive Self Talk

Although most of the participants have indeed suffered from severe episodes of depression, eventually most have made willful decisions within their lives to try to "keep out the negative" or to try to "not allow depression." They do this by making conscious efforts to place themselves in what they consider positive circumstances because they are "determined" that they "can be happy." The participants realized that they do indeed have control and they weren't "willing to let something that happened my (their) past determine my (their) future." Becky describes this category well.

> Happiness, let's see. Well, I think it was a choice.You just have to make the choice, whether or not you want to be happy or you want to be sad, and I don't

want to be sad, I want to be happy." "I'd get to a point where I'd think, oh God, ya know, this is torture! And then I would decide, okay, I don't want to be like this. I don't want to be sad, and upset, and so, ya know, sometimes it's just a conscious choice to say to yourself, I'm gonna be happy (I 1 pg 9).

Although, Positive Self Talk comes from within the person, it isn't necessarily always a part of you, it is a choice. Mae realized this and made a commitment to a better life.

I feel very strongly that, um, my youth took away a lot of my life and it is not going to, it's not going to continue to cripple me and it's not going to um, I'm going to be a functional part of this society and I'm gonna contribute as much as I can and it's not gonna take that away from me, it's not gonna make me, have to draw a disability check, um or, you know, have to live in, you know, substandard housing, because I can't work and I can't function and um, this is sort of my way of fighting back to them, and why I have never, even though I, you know I only made one literal suicide attempt and that's when I was nine years old, that since then I thought I don't want them to win, I don't, you know, if I kill myself I know my family will be able to say, yeah well see, we told you she was crazy, you know, she's made up all those things, she was just a crazy girl, but um, I don't want them to win, I want to die of old age.

Cher was abused by several men in her life. The abuse began with her biological father and she eventually married an abusive husband. She attributes her marriage to an abusive man as a result of being an abused child. She eventually found the courage to

leave her husband. Cher describes how she got to a place where she could get to a place where she could care about and love herself. Her narrative emphasizes the importance of daily reiteration of positive self talk to overcome the entire negative that an abused girl is force to learn.

> People always think you get it from other people, but it starts with you, everything starts with you – so – and, and I, and I think, you know, once I realized that I just said….all right, it's, I've got to start cleaning up my life, I've got to start by realizing that I matter, that I am important, that I matter – you know, for anything, you know, I have to not only say to myself everyday that my life matters, but I have to live my life you know, as, as if I matter to me, you know, you can't just say it, you have to do it and your decisions have to reflect that **(**I 2 pg 2). I just took a good long look in the mirror one day and said to myself, 'you know – well self, you are not, you know you are not a bad person, you are a good person, you're a kind person. You do, you know, kind things, you know, for other people, you know. You're smart, you know, you're intelligent, you're funny, you know, but it was like a daily thing. It was like I literally had to like go in the mirror everyday and, and, and tell myself that, and, and, and realize that, you know, if there was a negative altercation with, and you know, my ex or whatever I had to, you know, look at myself and say, you know not everything that happens to him is my fault (I 1 pg 3). – "I'm not responsible for that – you know, I'm only responsible for what, you know, I do and for my feelings but I can't be responsible for anyone else's….I guess I just had to stop making myself

responsible for – him and his feelings and his issues and things like that. And, I had to learn how to be responsible for own **(**I 1 pg 3). I actually believe in myself…you know believe that – you know, I'm capable of anything, I can do anything, anything, you know, even if it's difficult, you know, I have to, you know, break it down into steps to, to achieve the goals that I want to achieve…**(**I 1 pg 5)

Removing the Focus from the Abuse

The participants exhibiting the most resoluteness have chosen not to focus on the abuse. They choose to use "survivor" language instead of "victim" language. They choose to "not dwell" on the abuse; instead, they "hold onto hope" and "let it (the abuse) go." They "put it out" of their minds because they have decided that the abuser "won't win". The participants commit to the idea that "they (the abuser) got my body; they are not getting my mind" and that "it happened, I can't change it, (but I) can damn sure learn from it, but no, it can't control me---no." Fay is very specific as she describes what it is like remain a victim.

It is a lot easier to be a victim. If you are a victim there is less expectations from both you and other people. Yeah. It's an easy way to finally fall back when you get tired, you know?.....choosing to stay the victim allows you to hold on to certain things but that is all you have access to. You are frozen in time really; you are frozen in your emotion…the ice cube that always lives in the freezer.

Claire also realizes the importance of moving beyond by not focusing on the abuse. Although she isn't sure she is "totally cured" from the effects of the abuse, "it doesn't play a big part in my life. It doesn't control me. It happened…. It's in one of those files that, it's one of those closed files."

Betsy, who was abused by her mother, also discusses the importance of leaving the abuse behind.

> I tried to leave all the old stuff behind, obviously you, you're always gonna, we're always gonna carry baggage to a certain extent and I just, I think there's a – there may be a resolution of acceptance type, you know, that it happened and yeah this is where I am but I have to go on, can't let it bury me and go backwards, otherwise that person has really succeeded – in what they're maybe not have even intentionally set out to do (I 2 pg 14).

Practicing Self Protective Cognitions

Self Protective Cognition could be described as an inside job. The participants who demonstrate this strategy have developed the ability to protect themselves by mentally removing themselves from a situation that could otherwise harm them or by choosing what they will or will not allow to it to happen to them. For example, many of the women say they "do not allow depression" while other women have developed "internal guards."

Adele was abused by her grandfather. As a child she was able to internalize and turn her emotions on and off as a strategy for dealing with the stresses of the abuse.

This is a strategy that she continues to use today, especially when it comes to her anger.

> Uh, you know, I've always had a talent, I guess I did probably for the rest of that day, but one of the things I know when I was in therapy before it's, I, I've always been able to put things in boxes. And just put things out of my mind, you know, and not, not dwell on them. So they just kind of go away. A long time ago, um, I mean I was always, as a child, a big fantasizer - and uh, in fact I don't really remember when, because I, I just as long as I can remember have been able to, I guess you'd say internalize things, particularly anger (I 2 pg 1).

Janet is an exemplary case of this strategy. From her earliest childhood memory until the time that she got married she was abused by this "Hulk" type of a man that was her father. Yet, she found the strength and inner resources to move beyond his egregious abuse.

> You know, bars couldn't contain him, concrete couldn't contain, nothing, and that was what my dad was like, so I had to just – escape, and I guess the escape was just within, within, with inside myself. I would not allow him to hurt me. Um, and yet many of the things he did to me – um – had to have been very, very painful. And then I would have to ... very quickly look like and act like everything's okay, I couldn't allow myself the, the, um, um, luxury of crying" (I 1 pg 17). "I saw a neurologist for several years and she said to me based on her, um, interviews with me and other testing that – she thought that I had in fact had migraines most of my life, that I had anaesthetized the pain, which I find

> unbelievable, that (laughs) anybody could even do such a thing to anaesthetize that kind of pain because I can't even find pain medication (laughs) to get rid of it now" (I 1 pg 2).

Gwen and Fay both explained they are able observe themselves in difficult situations, much like an outsider to the situation. They explain that being an outsider allows you another choice to the situation. It allows them the ability to tune out and as Faye explains, "if you are caught in a situation where your waking self cannot escape at the moment, there is another path where you can exist and be creative and go places and do stuff that you maybe can't do right in your physical body and your own reality at the time."

Forgiving

Some of the participants felt that forgiveness of the abuser was a necessary step in moving beyond. Cher declared that forgiving is not forgetting and the forgiveness is more about her than the abuser.

> I'm not forgetting it, I am not gonna forget about the things that happened, but I do - you know - acknowledge the fact that -forgiveness is about - releasing and letting go - you know - of pain and it's about acceptance also, it's about accepting the fact that this person does see what happened or that they may not see, you know, what happened, you know - maybe accepting the fact - that this is the best that this person is ever gonna be (I 3 pg 17).

For Claire, the forgiveness wasn't only about the healing, but it was also about her eternal future.

> It was about healing - forgiving your abuser, yeah, well I thought yeah, I, I am not gonna let hatred for you keep me out of heaven (laughing) you, you are not worth me going to hell over, you know what I mean, yeah, you ain't worth me going to hell over so, yeah, and you going get yours anyway, I mean, and that's the thing about it too, I believe that, you know, you reap what you sew, you reap what you sew, I mean, I think everybody is accountable for your actions. I think there comes a day when you're, you know, it's like - calls up your number, your table – and let's see what you did in your life - and that's the way it is. I mean that's, that's the way I see it right, that's the way we see it, yeah, the God I worship, yeah (I 3pg 9).

Hope felt like her inability to forgive was holding her back. It was keeping her from moving on, so she forgave.

> It - what I wanted to do - it helped me to realize that I wanted to move on, and that God had good things in store for me, and that I needed to - just acknowledge it, forgive, and realize that, ya know, my grandfather was in a place - ya know he was a good man, he did some bad things - but I needed to just forgive him too and just think - ya know - I've got a lot of good things, and that's when I wanted to move forward and not stay stuck (I 1 pg 5-6).

Choosing Not to Forgive

The other side of choosing forgiveness is of course choosing not to forgive. Until recently, June had to occasionally see her abuser. Although the abuser was a stepfather, June's mother refused to leave him over his voyeurism and the attempted rape of her

daughter, June. As an adult June chose to not completely isolate her mom and stepfather but instead saw them on occasional visits. Over the years June no longer hated her step-father; however, she didn't forgive him.

> Let's say I really haven't forgive him, so he's still, I'm upset by the whole thing that, you know, butt… I don't hate him, because I guess I just feel like maybe he was ---weak (I 1 pg 30).

Carmen also spoke of the intentional decision to not forgive her abuser. After she had disclosed the abuse by her sister's husband, he admitted the abuse and asked for Carmen's forgiveness. She said, "No."

Minimizing the Abuse

Minimizing the abuse was a strategy used to make the abuse seem not as bad or seem not as damaging to the participant. Minimization occurred in various ways. Dove minimized the abuse by convincing herself that it really wasn't traumatic to her. She was coerced by her abuser (older brother) to be a willful participant because he told her that the abuse was a game.

> My own sexual abuse - was from an older brother. I was about seven, I guess, youngest of - in the family, spoiled rotten, and I thought we were playing a game, that's what he told me, and um - even though I remembered that there was a lot of pain involved the first time, I don't think I was really truly traumatized by it. At least if I was, I've - never known it, you know, because - I thought it was a game (I1 pg 3).

Another means of minimizing the abuse reported by participants was by comparing themselves to others who had been abused. Amy demonstrates how it somehow makes the burden easier to bear if the abused person reminds herself of how it could have been worse that what it was.

> Another thing I do now is, I actually read a lot about sexual abuse, kind of things. I mean I've read Dorothy Allison, I recently read, um, "Lucky by Alice." It's a book about this woman who was raped in college and, so I read those things, then I think, you know, it could have been a lot worse, you know, it could have been a whole lot worse, you know, and, and I just feel, um, a lot of - empathy and pride, I guess at the same time for other survivors who really been through, you know, a lot worse than what I went through. I mean, it's, it's amazing, you know, what, what we can handle and what we can get through, but, you know, I could've been a whole lot worse off, you know, I could've been raped, I could've been brutally raped, and I wasn't, (I 2 pg 10).

Claire reiterates this point.

> I know that it (the abuse) was very serious ... but ... I don't know because - I think when I think about the young ladies' stories that I hear ... it takes it to another level - do you, do you understand what I mean? I mean mine is definitely abuse, definitely, it's definitely, oh definitely, I'm not trying to minimize it - just maybe I do, but when I look at other people's - it's a wonder they're alive (I 1 pg 12).
>
> I guess I minimize mine, I guess a little bit because I've seen some things, I've heard stories from, specially from children, from children - about how their

mothers sold them for drugs and they've never had Christmas and every time at Christmas and Thanksgiving, the only thing they would have would be liquor and their mother would trade them out with their boyfriend for sex and this is from the age of like six to seven - and - yeah, these particular sisters are now 17, 17 yeah and 20….But some of the graphics behind what - mothers, how mothers actually didn't - protect their children - it's so sick. I mean my mother wasn't there in the room, this mother, these mothers happened to be very much aware - I can't imagine what that's like - for me a mother - and that's a very young child. You know to - know that your mother is giving you to this grown man - to do as he will - and the stories were just horrible, you know, just horrible (I 1 pg 8).

Developing Empathy

As adults, some of the participants have reflected on the events of the abuse and have concluded that under the circumstances, their abusers simply did the best that they could. Additionally, many of the women who utilize empathy recognize that their abusers were often themselves products of transgenerational abuse, and/or that the abuser was mentally ill. At this point in their lives, many women are finding themselves in a position of being expected or obligated to care for their aging abusive parents. In order to fulfill this role, many must find a way to reframe.

In adulthood, Amy talks about feeling sorry for her mom.

I actually haven’t spoken to my mum very much at all, spoken to her once since, the last time I came here and – and when I came here last I hadn’t talked to her probably in a month or so. So, um, I find myself feeling sorry for her (laughing),

I know this is awful, this is strange, it's strange, it's not awful, it's strange. Because, you know, there were, there were so many times when - I felt like I wanted bad things to happen to her sort of because of (laugh) what she did to me. You know, I was so angry and it, it was kinda like, you know, to hell with you, you can, you know, you can suffer, yeah, sort of, and so now, I'm actually sort of on the other side witnessing the sort of downfall. I mean she, she got married to this guy, this kind of strange guy and, um, like a year and half, two years later, they're getting divorced, you know, this has just happened in the past month or so. And my sister kind of made me talk to her (chuckle) on the phone a couple of weeks ago. And um, I just, I try not to, I, she is in such a bad state financially and emotionally but of course what does she do now that she's got this problem when she's, you know, divorcing her husband, she's looking for another husband (laughs) of course. And so it's like - I feel sorry for her, I'm starting to feel, and I'm trying and it's like, you know, I'm trying not to. I'm trying to, you know, keep everything under control and not feel sorry for her because, you know, I feel and my philosophy is that you make your own bed, you know, you, you do, you make your, you make your breaks that's it, you know. And so I'm trying not to have that part of me that feels sorry for her, I'm trying to sort of suppress that, but, you know, every time I think about it, I just, I just can't help but feel sorry for her. In a way, you know, and it's, it's very strange (I 2 pg 2).

Claire also discusses as an adult that she has felt empathy for her abuser.

But the good thing is I don't see him but I think that if I even saw him at

this point, I'm far enough along that - I just feel - empathy or sympathy - or, or – maybe feel sad for him - because he's just a sick puppy, he's a very ill person….And that it wasn't about me, it was totally about him. And, and you know and, he's just - as they call - he's an immoral person.

Purposeful Actions

Action has several definitions according to Merriam-Websters Online Dictionary, 2006. Among other things, it is defined as an act of will, a thing done, and an accomplishment of a thing done usually over a period of time, in stages, or with the possibility of repetition. Purposeful Actions comply with these definitions. These are not internalized thoughts, but these strategies must be initiated by overt physical effort or action to enact or complete. The level of intensity of the action is variable. For instance helping self may require reading a book or watching a show while establishing boundaries may require total relocation to a different part of the country. There are eight categories of Purposeful Actions. These include: Participating in Therapy, Choosing to Disclose, Confronting the Abuser/ Family, Helping Self, Being Vigilant, Establishing Boundaries, Engaging in Religious Practices, and Interacting With Others. These themes are multidimensional and will be explained in greater detail with support from participant quotes in the following paragraphs.

Participating in Therapy

Many of the participants expressed that the strategy of initiating and continuing therapy had a strong impact on their lives. When paired with the right therapist at the right time, therapy often acted as the catalyst for the work of healing to begin because

this experience marked the first time that another person had provided unconditional "support no matter what" (Roman & Bolton, 2006) to the woman. Some believed therapy essentially brought balance to their lives and or that therapy had in fact saved their lives. Claire strongly believes that all women who have been abused should participate in therapy.

> I thought maybe I was the only one who was having to and a lot of people, lot of women, young women; that it happened to, think they can't survive it, but they can. And they can, I mean, and one of the ways to survive it is to get help and get therapy, and I think most women try to fix it themselves and that's the wrong way to do it.

Many verbalized the benefits of therapy were so great that they thought everyone, whether abused or not, should participate in some type of therapy during their life course. Frequently, therapists that were most recognized as most effective were those therapists who accepted the participant and made themselves "available" to the woman no matter day or night via phone numbers. Gwen stated:

> I knew I had to find a counselor quickly. Was very fortunate, found a man at the school, the university and he was - wonderful. And he, you know, helped me work through a number of things and I can remember saying to him, you know - there's something else I can't get at, and I don't know what it is - and he said, "don't worry about it, when you're strong enough, when your mind's ready,

you'll deal with it and I'll be here, wherever I am, you can find me." He said, "I don't really think there is anything else, but if there is, you know, when the time comes, we'll deal with it."

Therapy was a part of the healing process for most participants and was utilized either continuously or during various phases of life. Some preferred individual therapy.

> I went to a group therapy thing maybe twice and, it was so – most of the people were at a really raw point and I was at a different place and I wasn't comfortable, 'cause it made me feel worse. And so I didn't go back (Gwen).

Others proclaimed that group therapy and workshops "changed them forever."

For other participants, however, specific therapy or types of therapy had a negative effect on the healing and was stopped abruptly by the participant. Even though these women may have experienced a negative outcome from one type of therapy, the majority later tried a different type of therapy that ultimately provided benefit. Few participants had a completely negative view of therapy. Hope tried therapy but eventually relied on God for her healing.

> Quite honestly, it didn't - it didn't work for me. None of the therapy stuff worked for me, and it didn't work for me there either. They wanted me to read all these books and things and wanted me to do all this stuff, and I fought it - I - I brought my Bible with me, and I said, 'this is the only self-help book I need' and I said, 'I'm not reading all these books anymore.' I am not going that route, I don't want any of that anymore. And - they, um, there were a group of 'em that were not okay with that - but the therapist that I had, um, she was, and she didn't push me,

and she just kept supporting that, and saying, ya know, that's fine, you don't have to read those if you don't want to. And - so...ya know, it wasn't - and I should qualify that. I guess - there was - I don't know that there was a group of them that didn't want me to do that, um..."

Choosing to Disclose

Participants individualized, usually with extreme caution, the choice to disclose to others their stories and feelings. For some, the initial disclosure took place as a child. Others held onto this piece of their soul for upwards of 40 years, only disclosing as adults. Janet told no one of her abuse until she secretly initiated therapy at age 40. She continued to hold onto her secret until she decided with much reservation to tell her husband of 20 years. Regrettably, his reaction was worse than she would have imagined.

"I had a fear that, ah, he would've said - well so what, is that really a big deal? I. I just kind of had that feeling. And, and the day that I told him, I told him in my therapist's office and, uh, actually what he did was worse than that. He didn't say anything. He just sat there as though nothing had been said. Nothing. (Sniff). He just sat there and sat there and sat there.

Eventually Janet disclosed her abuse to her two brothers who were very supportive and even participated in confronting their father (the abuser). Even though Janet held tightly to her secret and did not receive the initial reaction that she had hoped for from her husband, she maintains that disclosure was indeed beneficial for her.

Some recipients of the uncovered stories embraced the women with renewed closeness or awareness. Adele disclosed the abuse to her grandmother which led to

disclosure to her mom and dad and then to her father throwing her grandfather (the abuser) out of the family home. However, Adele was told by her mother to not tell anyone else about the abuse. As an adult Adele disclosed the abuse to a college roommate and suffered a tremendous amount of guilt from the disclosure of the family secret.

For others, the act of disclosure became a gateway to a deeper level of the bondage because the participant's disclosure to others was not always accepted. As a child Gwen "told a minister what was going on when she was a, maybe – 13, 14, and he called his wife and told her and she called my mother and my mother just said, - well she's just a liar, she lies about everything. And then (she) got punished for lying." However, as an adult, Gwen gleans a sense of empowerment as she utilizes the strategy of disclosure to rally others through public speaking to "break the destructive cycle of family secrets." Even though some participants were pushed away or not believed, this disclosure was most often well-planned and deliberate, even relieving after its release. Interestingly, the act of participating in the interview process for this study enabled one participant to face her fears of disclosure. Between the 2nd and 3rd interview, for the first time in her life, participant Denise disclosed her abuse to a friend. She stated,

> a co-worker and I went out to lunch and I can't even remember - I don't remember the course of the conversation, but in that conversation I told her that I had been sexually abused as a child. That had never happened before; I would never have told someone that."

Confronting the Abuser/ Family

Participants often choose to confront either the abuser for the abuse and or their family members, especially their mothers, for knowing about the abuse and not protecting them from it. In fact, Bolton (2006) showed that although the mothers may have not been the abuser, they were most often held to a higher standard by their daughter for their lack of protection. Jeri described what is like for her even now to deal with her parents who aren't willing to believe her.

> My primary abuser got out of prison last August. And my parents took him back in, and I had warned them, if you let him come back, I won't be there. I have children to protect and I will not be there, and they, took his side and took him in and thought I wasn't serious, and I was not only serious, but I cut off all relationship with my parents. Um, at that point I had, had it. I had told them when I was 21 and then again when I was 35, and, they didn't believe me, and so I was gonna have to prove to them, I mean what I'm saying, I, this person is not a good person and I don't know what it's gonna take for you to get it through your head, but in the meanwhile for all those years, my mom's response was – "That didn't really happen, did it?" And she knew of one and now she knows there were four abusers. And her – her whole thing is let's just stick my head in the sand and pretend that you didn't say that, let's pretend that didn't happen, I didn't hear that, and, come to find out she's done that to my sisters who've told, she's done that to my nieces who've told her stuff, and I think it was more devastating for my mom to deny - my feelings were real and deny that I had been hurt, and

turn her back on me. I think that was actually more devastating to me, than the abuse itself (I 1pg 2).

Confrontation took the forms of either direct and indirect contact or communication. For one woman, because her abuser was dead, the confrontation of her abuser came in the form of a letter placed in a bottle and thrown into the ocean. For most however, the confrontation was direct.

For many the confrontation acted as a double edge sword. Through confrontation participants expected to be validated and to increase healing. Unfortunately, for most this was not the case. At the hand of confrontation, some experienced greater embarrassment and hurt than before. Dove's family refused to discuss the abuse. Gwen's father acted like he was having a heart attack. When she confronted her mother who actually placed her in her father's bed, rather than expressing regret or shame, her mother responded by saying, "I knew what he was doing, but when he was bothering you, he wasn't bothering me and uh - um - I didn't think it hurt you." After confronting her family, Becky's family won't have anything to do with her for fear that Becky will tarnish the family name. Amy was thrown out of her house by her mother after she confided in her mother that her stepfather "couldn't keep his hands off of me." Beth's family refused to admit or validate. When Carmen first disclosed abuse at the hand of her brother-in-law, her mom and dad reacted by confronting him. However, after the initial confrontation and confession, her family continued to live like nothing had happened.

I told my mother. And um-her reaction wasn't –she said, oh, I'm so sorry or something you know it was just like-oh, I'm so sorry, and so um that was on

Friday and on Saturday we talked a little bit about it and she said, you know, you father is not surprised- he thought something was going on and then- Sunday morning I remember they go in the car and they were going to go round there and go talk to Buddy and I remember my father had a gun in the care, because he didn't know what was going to happen. And I begged for them to go for me to go, and I wish I hadn't but I guess it just, I didn't wannaa be home by myself. So went over to their house and my sister was cooking breakfast and um, she, when they told her she just about collapsed on the floor and tried to call, call him, I don't know where he was at and he came and, you know, he cried and he did con-sorta confess and asked me to forgive him and I said- no, um…. And so my sister wanted to come home with us. But I remember going, getting ready to go to school on Monday morning and they were sitting at the kitchen table, you now, she was crying and all and my mother told me that she had, was not going to leave him. So um that was it. I mean it was like we, we swept everything under the carpet, he came over that night for dinner, my mother made his favorite potato salad without onions and uh, that's how I lived. He was still around, they accepted him, uh, he'd come over every weekend, the abuse did stop, but it was never talked about, it was never—nothing (I 1 pg 1-2). Anytime I would bring it up they would say, you know-oh, you know (sniffing)- I don't know why you just can't get over it (I 1 pg 4).

After careful orchestration Janet was able to confront her father with the help of her therapist and her brothers. This was not only liberating but empowering for her. Her

father admitted it and said it had tormented him his entire life. Her brothers cried and supported her and also were able to voice their disgust for their father's actions in her presence. She was in charge of the entire situation. She told her father she would not help him, but if he ever wanted to hear from her again that he must get counseling and stay in counseling. She was the only person to ever confront her father for anything. She was the only person to make him cry and admit he was ever wrong. He agreed to do whatever she said, even if that meant killing himself.

> And you talk about um - powerful - um, and I know and I knew from that moment that if I could do that, if I could confront that man, I could do anything. There's nothing that I couldn't do, or accomplish if it was really that important to me. (I 1 pg 28).

Adele told her grandmother about the abuse at the hand of her paternal grandfather which led to disclosure to her parents as well. Her father initially threw the grandfather out of the house, but years later the grandfather was allowed to live in a home that the family owned near the lake. Adele felt betrayed by this and ultimately confronted her grandfather face to face.

> It's the hardest thing I think I've ever done (sigh and chuckle). I went up there and, (clearing throat) - uh - went down to his trailer, knocked on the door and he asked me in and I sat down and I, I confronted him with the whole thing and I said, do you realize just how much you screwed up my life by what you did to me - why on earth would you do something like that to me? He couldn't really answer - about all that he, he did, it was really pitiful. His, he was in this uh,

kinda jug band and they would go out to nursing homes and stuff for shut-ins and do things and it was like he was trying to show me - and the things he was trying to do, he, he said I've done some terrible things, I've done some terrible things. It was like he was trying to show me that he was trying to in some way make up for the things that he'd done and - he didn't deny it which I fully expected (chuckle), you know, (clearing throat), he didn't - anything like that, he was pitiful and it was like all of a sudden the benefit of that to me was this great big monstrous figure in my mind, this huge monster, this horrifying figure became a pitiful old man (I 1 pg 8).

Helping Self

The participants often took an active role in their journey towards resoluteness. The participants described the activities and hobbies that aided in self-improvement. The activities that became part of their lives were mostly self prescribed, although some were suggested by therapists, media, and sometimes friends. The role of helping one's self was the key to development and resolution for many women. For example, talk shows, exercise, traveling, and creative activities such as sewing or gardening assisted the women in continually reinforcing good or the positive.

Gwen discussed what traveling on a whale expedition meant to her to overcome her fear.

…in the past 10 or 12 years since I confronted my mother - I - have been able to move, beyond that. Now occasionally something will trigger that and I'll realize I'm afraid and I have to think that through and say, that's irrational, I'm not afraid,

you know, um but uh, um - couple of years ago my husband won a trip to Vancouver and I booked us on a - what I thought was a ship - to go whale watching. Turned out it wasn't all that big a boat, I should've had a clue when the lady said - now - do you wanna go in the rubber raft and I said no (laugh) - uh - course I knew we were going out in the ocean and I, I said, well I, I walk with crutches that wouldn't be too good. But I, I said to Bob, this is a day I've dreamed of - um - if I fall overboard - and die, don't worry about it - this is a dream for me. And he was so happy, he was laughing and part of the time he had his mouth hanging open but I figured out, I walked up to the front of the boat, the front was just big enough, there was a, the man who was piloting, it was right there and there was a - place about that wide, of window, and I found a place that I could - lean into, to brace myself with my hip, my pelvis so I didn't have to deal with the crutch and uh, lean against the windshield and go flying across the ocean - at 60 or 70 miles an hour, and no land in sight, to find the whales. And – Bob later said, I have never seen a look like that on your face before - and he said, you know, when you told me if you fell overboard - to not grieve - I knew if you fell overboard, that something in me would not grieve, because I have never seen you like that before. And it was an exhilaration I have never felt. There was no fear. Except the time when he cut the motor - and there were - 12 killer whales, swimming around us and the boat hit a wash and I nearly went in. I very nearly went in - but I wasn't - afraid ... there was no fear there um - now I'm 60 years old, my friends, Rita and Juanita - um - Juanita's the same age, Rita's - about six

months younger than I am, they still have issues like this - and they can tell you people who - they think made a difference, not overtly, you know, not by saying, we'll take you away from your mother and daddy um - but by just being there - to get the strength to move on and do something else (I 1 pg 15).

Activities such as visiting a childhood site or creating a new birth certificate helped the women regain some of their control or release some of their anguish by giving them strength. Adele visiting her childhood home with her boyfriend (now her husband).

I had this urge that I wanted to go back and visit that place, but I didn't wanna go by myself and he went with him and uh, it was wet, the grass was wet and grown up and we went out, the old house had burned out, but the barn was still there, the one that I hid in that time and we went up in that barn and it was like - being in this oppressive, oppressive, I can't begin to describe it, we went up to the, I was just looking around trying to familiarize myself. We went up into the loft - and when we down, I finally spotted, I said this is, this is the stall, this is the one I hid in and there's the box and there's the hole back in the back, course I couldn't have gotten through it then but, you know, as a kid I could and so went around back and back behind the barn there was the path up to the woods and the further we walked in the woods, it was like, it was like being under a - a weight and the further I walked in the woods, I love the woods, the further I walked into the woods, the lighter it got and the better I felt and he was with me and we went and crossed the fence into the, neighboring farm field next to it - and I looked back and I said, it's just like a different world, just between this fence and that and he

said, the weird thing is I feel it too. He said, “I've got goosebumps.” (Laughing) You know, it's just a, weird, weird feeling but it was like being, coming from the darkness into the light, you know and uh, I think having someone to share that with and feeling like that person really kind of understood or, or even felt some of what I was feeling, is what gave me the strength to finally, finally go and confront my grandfather ... (I 1 pg 11)

Many participants described the impact that a successful career had made in their journey, especially in the paths that were changed or facilitated because of jobs. Pursuing higher education was also important. Many of the women wanted to “open myself up to life and different people and different culture and different ideals and different points of view and insights into things” so they were “hell bent on going to college.”

Within the category of “Helping Self” most of the participants reported bibliotherapy as a strategy when describing themselves as “voracious” or “tremendous” readers who “read anything I (they) can get their hands on.” While one may expect bibliotherapy with self-help literature, many of the participants in this study reported fiction and novel type literature as their choice. As she spoke of the importance of reading, Mae stated,

I just revere books, because as a child I dove into them, um I know Chuck and I always used to kid and say… if they (parents) really wanted to destroy us, that was their fatal error, was teaching us to read, or letting , allowing us to be , they didn’t teach us anything but you know , going to school, learning to read, because books, um, both of us, but they, they saved me a lot, back in those days (pg 23,

par 1). "I just went to the library and read and read and read and read and still, to this day, I don't have any sadness connected with reading. It is- I love to go to the library, I love to go, any libraries, I just walk in and it's like, just take a deep breath, it's like. Ooh, here I am, with my friends." (pg 24, par 2) "Yes, yes, very, very safe, you know, um, and I'm just like, they're all here. And it's like I put something into them of myself for safekeeping, you know, and, and, you k now, I can pat books and think, you know, remember where I was at when I read this and how it made me feel., what I learned, always learned a lot from books…"(pg 24, p 3). "and still to this day, um, when things are sad or bad, um, you know I can pick up a book and read it and reconnect with something that I need to feel…

Mae also uses movies as a strategy. Watching movies will help her to get a better grasp of her emotions as she likens certain characters in a movie to specific people in her life. For example, she compares her psychiatrist to the Harry Potter films.

Doctor H is like Merlin, you know, he's just like got a cauldron and he's got on robes and sort of a Dumbledore from you know, Harry Potter, kind of, you know, maybe stirring things up but - because I feel like whenever I go see him, he comes up with something that, um, you know, that he's pulled out of this cauldron for me, that just works. I don't know. He's just, he's just that way." (I 3 pg 15)

Most of the women recommend writing as a means of healing. This includes both journaling and creative writing. Fran has kept a journal for many years. Additionally, Fran writes poetry and creative stories. She stated,

I'm very proud of my writing... I really wanna do something with all my writing that I've done over the years of, of therapy and then, and then the good, you know, the bad, the good, bad and ugly, because I really feel like I, I guess it's, I'm proud of it because it - it's part of me - that writing is part of me - and it shows my progression and it was like I always knew I wanted to do that even from the get-go and I think that's part of my ... part of why I survived… (I 1 pg 14)

"I just loved looking at it (journals), about how far I'd come and what I was thinking then and – you know, I just, I liked it. And plus during the process, it just helped so much just to – get it out of me, it was – it, it was almost like somebody was listening to me, listening to me all the time (I 3 pg2).

When Ethel first began therapy, she worked with clay. She also keeps a journal as a means of release. When she first began to journal, she didn't know why, but now, she realizes that her words have "given meaning to her life."

Jeri describes the very essence of what it is like to help self.

I cleaned out my closet and went shopping and bought new clothes. I bought flowers for myself, I gotta, I went and got an expensive haircut, I did the, the whole thing of - I've done this my whole life of thinking I'm not worthy, and I'm going to do this now. I just put my foot down, and thought I'm not gonna let this hold me anymore. I'm not gonna let this - sexual abuse make me feel like I'm worthless anymore, and, I did it, and, and it felt good, it's like shoo, toss that, toss that, new clothes, makeup, and I made sure, that every time I left, I made sure that

I looked good. I made sure I did my hair, I made sure I did my makeup, that I, I was able to feel good about myself (I 1 pg 12).

Engaging in Religious Practices

Today, there is much ambiguity about what constitutes religion, and what spirituality is. According to Merriam-Websters Online Dictionary (July 20, 2006) religion is defined as "1. the service and worship of God or the supernatural 2. commitment or devotion to religious faith or observance." Spirituality is 1. "something that in ecclesiastical law belongs to the church or to a cleric 2. sensitivity or attachment to religious values." Because of the differences in the literal meaning of the words, for this analysis, I adopted engaging in religious practices as the title of the category. This phrase seems most fitting for what the women had to say on the subject.

Many of the resolute survivors of childhood maltreatment in this study relied heavily on their faith and on the act of praying. In order to face down death and move beyond the women needed to believe that there was something "bigger" than themselves and "bigger" than their abuser. For Candace, there was a time when her relationship with God was a source of pain. "I felt like God didn't want me, and I was so despairing for probably-17 years I lived in a state of pretty much despair believing that God didn't want me- it didn't matter that I wanted God." However as an adult she went to a church conference where she realized who "Christ" was and she "knew who I was in Christ. I had a new identity, I was not defined anymore by all those things that had happened to me, they were experiences that I had to go through for whatever reason."

Through an active relationship and active prayer life, Betsy feels that, “my faith is what has sustained me.” She name God as the “enabler” that has given her the strength to “go on.” Cher believes that you “have to have faith in a higher power” and for her that is “God.” She credits prayer and faith as seeing her through. Claire feels that “God had taken care of me when I couldn’t take care of myself. He had done for me what I couldn’t do for myself. He had done for me what I couldn’t do for myself and that’s why I say thanks to Him. There has to be a lot of prayer.” Denise’s faith in God and prayer began as a young child. However, she admits this relationship has been both a source of strength and a source of pain because she often “wondered why He didn’t save me from the abuse.” Elaine believes in the power of prayer to “God” and “prays everyday.”

Hope began praying as an adult. She credits “God” for everything in her life and doesn’t believe it is His will for anyone to be abused. She gave “God” complete credit for her recovery.

> Well, I mean as far as just - um - after, realizing what it takes to - for the recovery and - and really it's just been my faith, and, ya know, just purely God's intervention in my life after years and years of struggling. I mean literally, like I had a whole life time of struggling until, ya know I realized that, um, He was there for me. Nothing - nothing helped. And I went through everything, so- um - I just felt like that needed to be shared for other people because that was the turning point for me, and that's when my life began to turn around and - ya know- just miraculous things happened, and - I mean it's just been a process of, ya know, grace and wonders and miracles ever since (I 1 pg 1).

On the other hand, Gwen prayed fervently as a child to be saved from her abuse, and those "prayers weren't answered" because the abuse continued. She feels like "you've gotta be careful about telling people-turn all your problems over to God and He'll take care of 'em-because that leaves you with nothing- um-that knocks everything out from under the person that's you know praying" (I 2 pg 3).

Interacting With Others

Interacting with Others recognizes the area in the participants' lives in which they choose who they will spend their time with, who they will interact with, and how they will interact. In fact, at times the participants are almost vigilant about the relationships and interactions that they have in their lives. This increased awareness allows the women an increased feeling of control in their lives and allows them to build healthy relationships while guarding against re-victimization. It is a protective mechanism so that the women can protect themselves from the wrong situation and the wrong kind of relationships. This strategy occurs in a variety of contexts.

To begin, most of the women that are now mothers are ever aware of the way they raise their own children. They do not want their children raised in the same type of environment that they were. They want to "protect," "break the cycle of abuse," and "not be like my mother was." They want their "kids to always know that they're loved and that they're special and that, there's just nobody else as important as they are in the world." For Fay, being different than her mother is not a tremendously conscious effort .

> Um, I'm raising a daughter and I am not repeating the same behavior, which I think is everybody's fear and what we often see is you know - a kid that's abused

becomes an adult abuser, and I have not done that and, um, it hasn't really been difficult -. It hasn't really been difficult for me. It's not really one of those things where I am constantly stopping myself and saying, no, you're not going to you yell or, you know, it, it, but it's more like I decided that I was going to be a different kind of mom (I 1 pg 7).

However, for Lynn being a different kind of mother was ever pressing.

Well, she was there physically but she, she was never there emotionally for me. I remember one time when I was um, 15, I had had a broken heart and uh - I asked her to put her arms around me and she wouldn't ... and I was always very - physically affectionate with my children, I think because of it, the way I figured to raise my children was I would think of what mom would do or say or be, and I would go somewhere else with it - because I knew her way wasn't right, so I would automatically eliminate her way (I 1 pg 15). You know I would just go as far away from what they (parents) did as I could, I didn't rely on them for being role models to influence me. I relied on them to do the opposite, because I don't – I don't think anything they did was good, in any situation (I 2 pg 4).

Next, because of their abuse, the majority of the women have a strong desire to "help" or "be an advocate" for others who have been abused. When asked why she participated in the study, Joy stated, "I'm, you know if there's' something people can glean out of what I have to say that will help other people, I'm just that type of person. I like to help people." The majority of the women in the study offered the same type of comment. They just want to "give back" or help one other person, especially another

child who has or is enduring maltreatment to "see that- you could have a life and you could get to the other side." Candace said that she "wants to infect people with hope."

Because these participants have such abusive histories and the maltreatment is often perpetrated by a family member, they have no positive frame of reference for what a family is supposed to be like. So, instead of relying on their biological families, they "create a family of friends" and find role models outside of the scope of their families. Interestingly, Jade realized she could be happy by watching strangers.

> go into the Seven Eleven and have the girl behind the counter be really polite and really nice, say "Hi, how're you doing today," you know, and – she doesn't have the greatest job in the world or anything, but she's got a smile on her face and she's greeting with me, you know… I mean they don't have to be that way… you can, you can just tell when someone's genuinely greeting you and smiling and "Hi, how're you doing." You know what I mean…(I 2 pg 7-8). There's no reason to not be happy, look at her, she looks happy. She looks like she has a nice life, and I mean I know nothing's perfect and nobody's perfect… They are functioning in it and they're doing what they need to do. And sure, bad things are going to happen, they maybe have a car accident or someone close to them dies, or whatever, and that's gonna happen to everybody, but they're happy. They're going to work and they're happy and they're smiling and they're talking and it doesn't seem like the weight of the world is on their shoulders. I can be that way too… Why am I this way? I can be happy too, I can feel good. You know that feel good thing, that's important, that's real important and you've got to say, it's

> okay to feel good. It really is… let go of the crap and … feel good for no reason other than to just, I feel good. I maybe have worked hard today, maybe you didn't. Maybe you had a good day, a not so good day, but you known what, it's still okay to feel good, to feel good – the kind of feel good that like after you got a whole bunch of your errands done, you had all this stuff hanging over you that you had to do and you went to the store and you got your groceries and you paid your bills and you cleaned the house, you mowed the lawn and you worked and the house is clean, you can finally just sit down – I'm going to relax and read (I 2, pg 6).

Another means of interacting that our participants utilized was playing a specific role. These roles were assumed as children as a means of somehow bringing normalcy to their lives or as almost as a stand to their abuser that the abuser was not going to take every piece of them. They did still have some choices in their lives. Most often these roles were acting like everything in their lives was "okay," "turning into the good girl," or acting as the "peacemaker" in their families. Janet chose all of these methods. Her role started as a child and she says it continues today. She says that she is still "playing the role of peace at any price". However, the internal pressure to be perfect has lessened with age.

> I chose the coping skill of looking like and acting like everything was okay and that's very, um, um, socially acceptable (laughs), I did not choose to act out, um, to make bad grades to get in trouble, to be taken out of my home, to be, uh, abusive to other people. I think if I had established that kind of pattern as a child,

then I'd probably still be doing that. But because I chose looking like and acting like everything's okay, I pretty much still look like and act like everything's okay (laughs), even through all of my therapy and all these last few years, um - I was able to keep my job (sigh) and flourish, not always flourish, but at least maintain. (I 1 pg 16).

Many could be describe as almost vigilant about some of their interactions with others. Amy states, "I can now walk on the street anywhere down the street and I can pick out a sexual pervert, predator, whatever you wanna call it, like that, I know (chuckle) who they are." They are careful about who they associate with and who their children associate with. Although some describe sexually promiscuity in dating relationships, in high school, many were very careful to not be around boys or to befriend or date boys because they felt like they would have to have sex. They guarded themselves from intimate relationships and even to this day, June is careful abut the clothes that she wears because she doesn't want to attract any unwanted attention.

Creating Boundaries

Along their journey the necessity of boundaries has been recognized by most of our participants. This has been an evolving process that has been easier for some. Boundaries have had to be established in all areas of their lives in order for them to regain control and have time for themselves. The boundaries are likened to fences of a variety of shapes and variety of sizes that allow the woman authority of her space. These lines have been established at work and at home, especially with their families of origin.

Many of the participants have relocated from their family of origin thereby physically removing themselves from their damning circumstances. Others break or limit contact with the perpetrators or break ties with people that aren't considered as helpful in their lives. Elaine realized that in order to move beyond, she needed to cut all contact with her father.

> I really felt deep down I just realized I just had to get away from my father. I had to just totally cut contact. I didn't want to have anything to do with him at all and it and actually that was a good decision **(**I 1 pg 8).

For Jeri, the severing of ties with her family has been a recent process. This has not been an easy adjustment. However, since her parents have taken her abuser back into their lives, she feels it is a necessary step for healing in her life.

> I did it and I've gotten it out, but, I, not at the expense of - continuing to pretend that nothing is wrong. Either, you know, cut off ties and give them a brief, this is, this is why - um - I confronted and I broke off ties, other than letters and very limited conversation with my mom trying to get details from me, I cut off, I cut off ties, I mean, I'm like - fine, you wanna be like that, fine, stay where you are and I'll stay where I am. And it's been ugly and it's been hard, because – all the time I thought they loved me and all of a sudden I don't think my parents love me anymore, and that's a hard realization when your 35, 36-years-old, to go – oh, my parents don't really love me. But if somebody has children I think they need to do what they need to do, to make sure to keep their children away from the dysfunction as much as possible too **(**I 1 pg 14).

After she confronted him in the presence of her brothers, Janet's father (her abuser) would call her. She allowed the calls, but she made clear boundaries and set clear limits.

> Some of the things that he was doing is that was calling me and telling me – I can't stand this anymore, I'm gonna kill myself, I just called to tell you about it – and I would put him hold and I would say - daddy, um, I can't talk right now, if you can hold on a minute I'll see if Ron would be, be able to talk to you – so Ron would come to the phone and he would listen to him.------ I know that sounds cold and hard but - that was not my responsibility to talk him out of committing suicide (laughs). And I thought if he does, he does, but I cannot be any part of it (I1 pg 26).

When Dove left home, she became a "street person." She was addicted to alcohol and drugs that she would mug people and sell her body to support her habit. As she was getting clean, she met a man that was also a recovering addict. They got married and he relapsed. Dove recognized the dangers of this relationship to her sobriety and she drew the boundary.

> It's just been really really hard, and so when he relapsed - of course you gotta go - I'm not living with anybody who uses drugs, because I'm, I'm an addict myself and I'm not putting myself knowingly at risk - even for love of you - you know I love you, but I don't love you than damn much. I'm not risking using drugs again - so you gotta go, you can't stay here - and so, it's, it's just really been hard on, on

one salary making ends meet - you know and um - I, I really don't make that much money (I 1 pg 11).

The most astonishing of those boundaries that were reported were the innovative steps these women utilized as little girls to stand up, take control of the situation, and actually stop the abuse themselves. Gwen told of the time when she had had enough and executed a plan to stop or least limit the abuse.

he was crippled and he would come into my bedroom at night - but I moved my bedroom up - we moved my bedroom upstairs - I don't really know, I was 12 or 13 maybe and um - it was very hard for him to get upstairs - he could not do that – on a regular basis and so, we lived on a farm, now he was an accountant - uh – licensed, CPA uh - but we lived on a farm and he would make me go to the barn with him and, when he could no longer control me, in the house - and I don't really know what precipitated my being strong enough to just walk away - but – I did just walk away and he threatened and screamed and, and his, his uh big – thing was, if you don't do what I tell - I'll have a heart attack and die, you know and - I said - fine, go ahead and it, you know, it, it took a lot of strength to do that (I1 pg 6).

Adele told of when she was going to be left at home alone all day with her grandfather (abuser). She couldn't bear it and found the strength to firmly establish her boundary.

And then one summer my grandmother, like I said, she lived with us. She, uh, was going out of town for a week to visit - my, my mother's brother, and my

mother worked and my dad was gonna be gone and I was gonna be left at home alone with my grandfather. And of course my parents were clueless about what was going on and (sniffing) I just remember thinking, I don't know, uh, what I thought really, I was just terrified and I thought, I can't, I can't stay here (laughing) I've gotta do something.Uh, so at the crack of dawn when I heard them getting ready for work, I locked my bedroom door and I got dressed and got me a book and I climbed out my bedroom window. And I went back out to the woods, back behind the house and I climbed this tree that I used to climb. And I climbed up as high as I could get, sat in that tree with that book (sniffing) and I did not come out of that tree - from six o'clock in the morning till six o'clock that evening when I heard my parents drive up and uh, I did see my grandfather. It's funny, he didn't call for me, I don't know, he may have thought I was still locked up in my bedroom, (laugh) I don't know, but I did see him come out to the apple tree to get an apple and I was just terrified he would come back there and find me - uh, but he didn't.So I came back down and I climbed back into my bedroom and came out the door like I had been in there all day. I was sore and I was tired and uh, then my parents were saying, it was gonna be the same thing the next day and I just couldn't face sitting in that tree (laugh) another whole day so I just, I stood there - I won't stay, I told my mother, I told my, I won't stay, you can't make me, I won't stay. They couldn't get another word out of me (I1 pg 3).

Ethel was adopted into her abusive family. From the time she could remember

her mother made her go into her father to satisfy him sexually. Since she wasn't their biological child, perhaps they rationalized that it wasn't really incestuous. When she was 11 years old she started her period and realized that she could become pregnant. This realization provided her with the strength she needed to make her boundary and stop the abuse.

> I stopped the sexual relationship at age 11 when I started my periods, I knew then that - not because I had any help from my mother but somehow I knew that I couldn't go to him anymore (I 1 pg 5). At 11 I still played with dolls and so I took my dolls and the way I told my father that I wasn't coming back was that I took my dolls and put them in bed with him and the next morning when I went in, he had thrown the dolls across the room (I 1 pg 5).

Summary

The findings that were described were gleaned from 27 women who endured egregious abuse as children. This is a secondary analysis of data from Dr. Joanne Halls study "Women Thriving Abuse Survivors" sponsored by the National Institute of Nursing Research, National Institute of Health R01 NR077899.

While the generative theme of Facing Down Death is necessary for the other interconnected themes to exist, the identified themes are not independent of each other. In fact, there exist between these themes reciprocity. One can act as a catalyst for another and vice versa.

For example, Purposeful Cognitions and Emotions can not only create further purposeful cognitions and emotions, but can also propel a female survivor of child abuse

into a purposeful action that further complements the process of healing. Positive self talk, a purposeful cognition, can give a participant the courage it takes to set boundaries, a purposeful action. Likewise, a purposeful action, helping self, can act as the catalyst for additional purposeful cognitions, relinquish guilt/ shame. The following chapter will discuss the findings and the implications of this research for professional nurses.

CHAPTER V

DISCUSSION

Introduction

The purpose of this study was to identify, thematize, and discuss the strategies that female survivors of child abuse have used to move beyond their abusive past. The data consisted of 27 participants that completed three interviews for a total of 81 interviews that lasted from 1-2 hours each. These narratives revealed the generative theme of Facing Down Death and the interconnected themes of Purposeful Cognitions/Emotions and Purposeful Actions.

Although there are no other studies to date within the specific area of "moving beyond" strategies, there are similar concepts of coping strategies and resilience literatures. These were discussed within Chapter II of this document. Many, but not all of the categories within the themes in this study are consistent with those themes. Additionally, this study offers new concepts and information about strategies that have yet to be fully explored. This chapter further explores these themes as they relate to the current literature. In addition implications for theory and nursing are also discussed.

Themes

Facing Down Death

The generative theme of Facing Down Death is the ground from which all other strategies burgeon. The women were severely maltreated as children and because of this abuse some faced a literal death either at the hands of the abuser or at their own hands

because of the aftereffects. Symbolically, every woman faced down the risk of an internal death which can be likened to the death of their will or spirit to go on.

This dichotomous notion of facing down death is somewhat Cartesian in its epistemology. Descartes proposed in his Discourse that the mind and the body are indeed separate from each other. According to Descartes, the mind is a non-extended thinking thing that contains within it the spirit, and the body is an extended non-thinking thing. Because of this distinctness of mind and body, the two can suffer individual deaths (Descartes, 1911).

The deaths that the women in this study faced buttress this school of thought. Indeed their narratives support the idea that they separately faced two types of death, a physical and internal death of the mind likened to the death of the spirit. However, Descartes continues that the death of the mind, a death that he equates with the death of the soul, can not happen. He believed that although the body and mind are independent that only the body could suffer a true death and that the mind or soul survives the death of the body. It is not within the scope of this paper to engage in this theological debate. However, as it relates to the participants in this study, their narratives support that living in an abusive home or situation can present the risk of both a physical and internal death.

An online blog discussing the phenomenon of facing death described the experience as follows;

> Surely no (wo)man can come back for facing down death and not remain unchanged. When one looks deep inside of themselves, surely each (wo)man who

> has anything worth living for dreads the idea of his (her) death, and when meeting with it (and surviving, no less) one would certainly gain a degree of wisdom. I rather live by the idea, I confess. True strength does not lie in your arms, in the barrel of your gun, or the tip of your sword. True strength resides in you mind, it lies in knowing just what to do to best your opponent. It seems to me that the wisdom gained from a near death experiences is near unsurpassable. You come back from such a thing changed, you live life now knowing just what you are afraid of. You know the ending, for yourself and your enemies. You know the ending and you have lived through it. You are made stronger, without a doubt (Live Journal, 2006).

The above listed quote is the embodiment of how these women have lived their lives. Although the women didn't always navigate a straight path, and many are still emerging, they have faced down death, and according to many of their narratives, they are indeed stronger for it.

Purposeful Cognitions and Emotions

Relinquishing Guilt/ Shame

Consistent with other studies, one the most tragic consequences of abuse is often the guilt and shame that the survivor must endure (Rahm, Renck, & Ringsberg, 2006; Gorey, Richter, Snider, (2001). In fact the effects of shame in particular can be so gripping that it has been termed "Toxic Shame" (Zupanicic & Kreideler, 1999, pp. 29) The powerful commingling of these two, guilt and shame, are often carried into adulthood and continue to affect the relationships and everyday functioning of women

who have been abused. While other studies have evaluated the effects of guilt and shame on the participant, I was unable to locate any that focused on how to move beyond this shadow. Valentine and Feinauer (1993) reported that for participants in their study that their religion or spirituality often assisted them to be freed of the guilt of the abuse. Our participants suggest you have to "let it go" and realize that "I am not at fault" in order to release that weight of the shame and guilt.

Within the literature, the importance of relinquishing the shame and guilt associated with childhood abuse has been realized. However, there is little suggestion regarding how to assist survivors in doing this. This study has elucidated the strategies that have been effective for this study population.

Exercising Positive Self Talk

There is much to say in the literature about the effects of positive and negative thoughts. The way a person thinks to him or herself has been examined in multiple fields of study. McGrath, Montgomery, White, and Kerridge (2006) studied the impact of positive thinking on discussions of death and dying. According to this research positive thought enables a person to better cope and will increase the likelihood of a positive outcome. A study investigating the relationship between anxiety and internal dialogue in children suggested that negative thinking was significantly related to increased anxiety levels and maladjustments (Tredwell & Kendall, 1996). Another study suggests that potentially, negative thinking is a predictor of depression development in women (Peden, Lynn, Rayens, & Beebe, 2000).

The results of this study also suggest that exercising positive thinking or self talk is indeed beneficial in moving beyond the abuse. The women in this study told us that this was indeed a "choice" that comes from within. Valentine and Feinauer (1993) thematized this concept of positive thinking in two ways; "self-regard" and "philosophy of life."

Removing the Focus from the Abuse

Those who appear to be the most resolute in the study focus on something other than the abuse. They want to be recognized as "survivors" not "victims". They "put the abuse out of their minds" and they "let it go." Although the participant in their study admitted that they were often unable to escape the ever presence of the abuse, Himelein and McElrath (1996) coined this theme of not focusing on the abuse "refusal to dwell on the CSA." In a study examining coping strategies used by African Americans who witnessed or were victimized by some type of childhood violence, Bryant-Davis (2005) termed this "Escapism."

Practicing Self Protective Cognitions

This is a higher level strategy that allows the women a protection that is undetectable by their predators. This is an internalized strategy that allows the person to remove themselves from a situation in which they feel threatened or unsafe or to put that in their "daddy box." This strategy may distance the women from the situation or for participants such as Janet, in childhood, this strategy actually allowed them to numb what had to be a painful experience. As compared to the research by Bryant-Davis (2005), this type strategy would be a likened to a type of coping that is called "desensitization."

Morrow and Smith (1995) described practicing self protective cognitions as "dividing overwhelming feelings into manageable parts" (p. 30).

Forgiving/Choosing Not to Forgive

There is much to say about the benefits of forgiveness within the literature. Unforgiveness is considered "tragic" while forgiveness has been called "transformative" (Festa & Tuck, 2000 p. 77). According to a meta analysis on the subject of forgiveness, the concept is considered "critical for successful psychotherapy" (Doyle, 1999 p. 190). More recently, within a population of adult survivors of childhood abuse, forgiveness has been suggested as an effective "mediator" between post traumatic stress disorder (PTSD) and hostility (Snyder & Heinze, 2005 p. 413). Within the population of the present study, the implications for forgiveness vary. Some felt it a catalytic step to move beyond while others chose not to forgive. Some related the forgiveness as a necessary step in their religious beliefs. Others chose not to forgive because "quite frankly, I don't care if he wound up dead in the street somewhere." Interestingly, none of the articles that were described within Chapter 2 addressed either forgiveness or choosing not to forgive.

Minimizing the Abuse

Some of the participants minimized the abuse in order to make it somehow less encroaching on their being. Most often minimization occurred as the women compared themselves with others who had been abused as children. Even though the participants endured inhumane abuse, they often felt that they were lucky to be alive because things could have been so much worse. The concept of minimization is relatively unnoticed in the current literature. However, it is indeed a valuable strategy for the women in this

study. Morrow & Smith (1995) discusses the concept of minimizing in two different themes to "avoiding or escaping the threatening or dangerous feelings" (p. 29) and "reducing the intensity of the feelings" (p. 28).

Developing Empathy

Many of the women have been able to "let go" of the abuse because they have somehow developed empathy for the abuser. As adults, the women have reframed the abuser from the terrible monster to the "pitiful old man." Some study participants recognize that their abuser had been a victim of transgenerational abuse or had psychotic disorders. Because of this, many have hypothesized that the abuser probably did the best they knew how at the time. Within the Morrow & Smith (1995) article there is no mention of empathy. However, the underlying concept of developing empathy is broached within the theme of "reducing the intensity of the feelings" (p. 28). With the exception of this brief mention by Morrow & Smith (1995), the concept of empathy, as it exists within the relationship of childhood maltreatment survivors to their abusers, has not been examined by researchers.

Purposeful Actions

Participating in Therapy

The vast majority of the survivors have participated in some type of therapy. While not all types have been useful to all women, eventually all who have utilized this strategy have found the specific type that is of most benefit to them. The participants in this study had much to say about therapy and therapists. The type of therapy that was the most beneficial was variable. Some preferred group or art based therapy, others preferred

individual, some preferred spiritual or religion based therapists, and others preferred licensed traditional therapists. Although the preferred type of therapy differed, one bell rang true with everyone. All of the women who participated in therapy gained the most benefit when they felt that they had "support no matter what." They all appreciated therapists that were attentive and were available when they needed them. The implications of this research hold valuable insight for clinicians who are often uncomfortable or even afraid to break the professional rules.

Choosing to Disclose

The results of this study are consistent with Ullman's critical review of the current literature on child sexual abuse disclosure (2003). The survivors in this study were judicious in their decisions and methodologies to disclose the abuse. Many kept their secrets well into adulthood while others disclosed as children.

The results of the disclosure were variable. For many who did disclose, the event was in no way cathartic. They did not receive the support they had hoped for and this deepened their exile from their families. Additionally, the invalidation was a "terrible setback" in their trajectories (S.P.Thomas, 2006). For others the disclosure was liberating and allowed them the validation that they felt they deserved. The repercussions of the disclosures were often different depending on the receiver of the information and the time in the participant's life. A childhood disclosure could have resulted in disconfirmation or even punishment, while for the same participant, disclosure as an adult was ameliorative to the situation.

Confronting the Abuser/Family

Earlier research suggested confronting the abuser and/or complacent family members as an empowering event for the survivor (Cameroon, 1994). More recent literature has suggested that although the majority of the participants felt confronting the abuser was very important to them, not all confrontations were met with open arms. In fact, those that were not well received suffered even more hurt from their abuser or their families (Freshwater, Ainscough, & Toon, 2002). This research provides support for both schools of thought. Among study participants who chose to confront their abuser or abusive families, the ramifications of the confrontation were variable. Some were well received, embraced, even empowered by the event. However, most were invalidated leading to greater embarrassment and hurt. This research suggest that choosing to confront is a personal decision that must be carried out according to the survivor's time frame, and that there are in fact risks that they must be informed of.

Helping Self

The participants in this study were motivated and very innovative when conceptualizing and carrying out strategies to help themselves. Undeniably, for most of the women, helping self was one of the keys in their evolution toward becoming resolute. Many of the strategies would be considered traditional, such as self help books and journaling. Participants also described activities such as watching television talk shows, watching movies, gardening, exercising, sewing, or traveling.

There was no magic formula from which the participant was able to conjure up the method of helping self that would be most beneficial for them. Most helping self

strategies appeared to be discovered almost accidentally by trial and error, and were exercised both as children and adults. The most utilized of the helping self strategies was bibliotherapy. While self-help books did provide some benefit, mostly the women "revered" fiction and novel literature. This allowed them an escape both as a child and as adults.

There exists a tremendous literature and information on self help. A "Google" search of "Self Help" provided 69,100,000 hits. Another "Google" search for "Self Help Groups" provided 2,980,000 hits. You can easily find self help groups on anything from "abducted children to "XXY Syndrome" (retrieved from http://www.ukselfhelp.info/ on July 26, 2006). Although the literature and the information is proclaiming advice and research on self help, the reality is that the focus of self help is not always self initiated. Instead, it is therapy based or proctored groups and discussions (; Dibb & Yardley, 2006; Nordner, 2006; Sheidleinger, 2004; Stewart, 1990). Although the results of this study do provide support for this type of intervention, this study suggests that the most beneficial actions are truly self initiated activities. It is for this reason that I chose to define this category as helping self. Clinicians should be alerted to the suggested benefits of these individualized strategies. There are opportunities for mental health professionals, public health, and both inpatient and outpatient nurses to encourage or even suggest or foster these types of helping self strategies.

Engaging in Religious Practices

In a study by Gall et.al, (2005), the literature surrounding spirituality was described as rich in possibility however, it "is plagued by a lack of consistency in the

definition" (pp. 88). As previously explained, it is for this reason that I chose between the literal definitions of both religion and spirituality, and thought religion most fitting. However since the definition of the two are so ambiguous, in examining the literature I used both terms.

When examining resiliency themes in female survivors of child abuse, Valentine and Feinnauer (1993), suggested that religion served several functions in helping the survivors to overcome their history. Bryant-Davis (2005), also had similar findings of the importance of spirituality or "the use of one's faith in a higher being" (p. 411) in African American survivors of childhood violence. The findings of this study also support the importance of religious practices for some abuse survivors.

According to a recent study by Gall (2006), spirituality/ religion as a means of coping for CSA survivors has received little attention. My literature review revealed the same. The findings of this study support the need for more research in this area. While these findings do have implications for health professionals, there are also tremendous implications for hospital chaplains and religious leaders. Leaders in this area need to be sensitive to the effects of childhood abuse and the power that prayer and faith may provide a survivor.

Interacting With Others

Within the recent research of Bryant-Davis (2005), there are two themes that encompass the category of interacting with others. These themes are "activism" (p. 411) in which the participants refer to helping others, and "safety precautions" (p. 412) in which the participants are aware of situations and attempt to take control of them.

Valentine and Feinauer (1993), considered the importance of "the ability to find supportive relationships outside the family" (p. 218). The results of this study support these themes, however, the women of this study expound. The results of this study suggest that interactions with others are very important in the lives of a survivor. Interactions can be both supportive and unsupportive; therefore, the participants seem almost vigilant in ensuring that their interactions and relationships provide them benefit. There are many arenas in which these interactions take place.

Creating Boundaries

It has been reported within the literature that psychologically, survivors of childhood maltreatment may have difficulty protecting themselves from what may be harmful circumstances and relationships (P.M Thomas, 2005). The emotional demand of saying no to someone or establishing boundaries may in essence be inconceivable. P.M. Thomas (2005) also reports those "survivors who face boundary challenges simultaneously experience harsh criticism from an internal voice (e.g., You have no right to say no"). Within Valentine and Feinauer (1993), the ability to say no or stop and to move from home and establish boundaries came from an "internal locus of control/ recognizing personal power" (p. 221). The results of the present study support these previous findings that boundaries are key for survivors of childhood maltreatment to move beyond.

Implications for Theory

This portion of the chapter will present two theories which may bring additional meaning to the findings of the study. To begin, I will examine the findings of this study

as they relate to Spaccarelli's (1994) transactional model. Next, I will compare findings of this study to Morrow & Smith's (1995) "theoretical model for surviving and coping with childhood sexual abuse."

Transactional Model

To begin, Spaccarelli (1994), suggest that stressful events in sexual abuse are considered transitional because the stressor is not a one time event. In contrast, sexual abuse could be considered as a chronic trauma that must be endured over time. The model proclaims that contributors of abuse stress are three-fold. These include abuse events, abuse-related events, and disclosure events. It was also proposed within the present study that survivors of child hood abuse do in fact face a conglomerate of chronic stressful events. These women endured years of both physical and mental abuse that perpetuated a chronic trauma which even surpassed the time that they spent in the actual presence of the abuser and abuseful circumstances. Although the conceptualization of abuse event, abuse-related event, and disclosure events, as contributors to the overall experience of CSA abuse stress, is that of Spaccarelli (1993), the narratives of the survivors within the study do support this notion.

The next tenet of Spaccarelli's model is that the effects and aftereffects of the psychological symptoms of the CSA are mediated by both positive and negative cognitive appraisals. Simultaneously, the psychological symptoms are mediated by either positive or negative coping strategies. Both appraisals depend on the level of resiliency of the victim. It is difficult to compare this line of thinking with the presented research because it was neither within the realm or the intent of this study to decide whether a

strategy was positive or negative. Rather the intent of this study was to identify strategies that were self identified as "thrivers" moved beyond the abuse and its aftereffects.

The final tenet of Spaccarelli's model is "to place the child's responses in a transactional context that allows for bidirectional influences between the child's cognitive and behavioral responses to the abuse and other aspects of his or her environment, including the occurrence of abuse-related stressors" (p. 344). An example of these reciprocal relationships could be "when an adolescent victim who decides on the basis of her experience with the perpetrator that other people can never be trusted and then suffers increased stress as a result of social isolation" (p. 344).

Within the findings of this study there also exists reciprocity between the themes of facing down death, purposeful actions, and purposeful cognitions/ emotions. For example as a child, Janet who was abused by her father was threatened both physically and emotionally by him (faced down both a physical and internal death). As a child, she never disclosed the abuse (purposeful action) to anyone. She held the secret for 40 years until as an adult, she went to a therapist (purposeful action) to whom she disclosed (purposeful action) the abuse for the first time. Therapy propelled her to also disclose the abuse (purposeful action) to her husband. At first, she didn't get a positive response from her husband, but she now describes him as supportive. She also feared abuse of her nieces and disclosed (purposeful action) the abuse to her brothers. Through therapy (purposeful action) Janet realized that her father had gotten her body, he was not going to get her mind, (purposeful cognition). She very carefully planned a meeting with her father and brothers in the presence of her therapist. She lured her father to the meeting by

telling him the meeting was about the recent death of her mother. Before her father arrived, she instructed those in attendance, her brother and her therapist, that if her father fell over with a heart attack when she confronted him no one was to call for help until she said it was okay. She was to be in charge of the entire event (purposeful action). She confronted her father about the abuse (purposeful action) in front of her therapist and brothers. Her father admitted to the abuse, cried, and vowed to do anything Janet wanted him to do, even if that meant killing himself. Once again Janet had faced her abuser (facing down an internal death). She described the event as empowering. She knew if she could face that man, she could do anything (purposeful cognition).

It was not the intent of this study to test Spaccarelli's (1993) model. His model is focused on child victims of CSA and on the more negative appraisals and coping strategies. In contrast this study focus was on adult female survivors of childhood maltreatment and their achievement of positive outcomes. However, the women of this study were once children and many were victims of CSA along with other types of maltreatment. Although the ultimate foci are somewhat different, there are commonalities of some of the constructs. On multiple levels, the findings of this study do provide some support for Spaccarelli's model (1993).

Theoretical Model for Surviving and Coping with CSA

In a study utilizing grounded theory (Glaser and Strauss) Morrow and Smith (1995) attempted to better understand the ways in which female adult survivors survived and coped with CSA. From this research, they generated the "theoretical model for

surviving and coping with CSA" (p. 27). I will closely examine this theory and establish relevance as it exists with my study findings.

According to the Morrow and Smith (1995) model, there exist two "causal conditions of phenomena related to sexual abuse" (p. 26). These are "cultural norms" and "forms of sexual abuse" (p. 26). Cultural norms include those conditions that existed that contributed to the abuse occurrences. This includes such situations as "cultural norms of dominance and submission, violence, maltreatment of women, denial of abuse, and powerlessness of children" (p. 26). "Forms of sexual abuse" are related to the different forms of abuse that had been perpetrated. I can not comment to this in terms of my research because my research did not in anyway attempt to broach the conditions that contributed to the abuse.

According to the model, the "causal conditions" that participants had reported then resulted in two different "core categories of subjective phenomena" (p. 27). These were "threatening or dangerous feelings" and "helplessness, powerlessness, and lack of control" (p. 27). These themes established by Morrow and Smith (1995) are consistent with my suggested theme of "facing down both an internal and physical death." Regardless of the "causal conditions" the participants in Morrow and Smith (1995) were overwhelmed with different phenomena of either feeling physically threatened or in danger. They were also overwhelmed with feeling a psychological threat. Barbara, one of the participants within the Morrow and Smith (1995) study, "disclosed, "I'm not sure I survived," and Liz said, "part of me died" (p. 31).

The next step in the Morrow and Smith (1995) theoretical model is the convergence of three categories that influence the strategies that the women use to cope with the stress of the abuse. According to the model, the coping strategy that is utilized is influenced by the "contextual markers" of the abuse, the "subjective phenomena" that were felt, and by the "intervening conditions" (p. 28). "Contextual markers" include " a. sensations, b. frequency, c. intensity, d. duration, and e. perpetrator characteristics" (p. 28). "Intervening conditions" include " a. cultural values b. family attitudes and believes, c. other abuses present, d. age of the victim, e. rewards that accompanied the abuse, f. outside resources" (pp. 28). As previously mentioned, the data for my analysis did not focus on the events surrounding the abuse. The participants told their stories according to how they saw fit.

Next, Smith and Morrow (1995) describe the strategies that the participants in their study actually used. These are contained within two major themes; "keeping from being overwhelmed by threatening and dangerous feelings" and "managing helplessness, powerlessness, and lack of control" (p. 27).

Although the present study does provide support for many of the main themes of Smith and Morrow (1995), not all of the categories within my study are represented within Smith and Morrow (1995). For example, within Smith and Morrow, there is no evidence of relinquishing the guilt/ shame, exercising positive self talk, choosing to forgive or not forgive, choosing to disclose, confronting abuse/ family, or engaging in religious practices. The only mention of therapy in Smith and Morrow (1995), is in the description of the participants.

There is a definite difference in the tone of these two studies. Within Smith and Morrow (1995) there seems to be an obvious negative connotation in the theme and category titles. Essentially, the strategies as defined within their article sound almost like escape instead of a mission to move beyond. However, the women within the Smith and Morrow (1995) sample were asked to go into great detail about the abuse that they experienced. Because there was such a focus on survival of the abuse events themselves, this may provide explanation of the negative connotation of the Smith and Morrow (1995) themes as they were. In summation, I would estimate that the findings from my study, which has a focus on moving beyond the abuse, provides only limited support for the "theoretical model for surviving and coping with childhood sexual abuse" (p. 27), but introduces new aspects of healing that have not received adequate attention in the past.

Implications for Nursing

Practice

There was a conspicuous absence of nurses within the narratives of the participants. Only one participant made mention of a "nurse like" person who in actuality was a volunteer at the hospital. Fran was hospitalized and a "volunteer" who was "like being a nurse" noticed the blisters on her feet and started talking to her. During the course of their short informal conversation, the volunteer revealed her own abusive past. This was a turning point for Fran because was able to witness another person who had a history of being abused who was actually a functioning person.

Fran's story and the lack of other stories like hers provide tremendous implications for nursing. Although nurses were rarely mentioned, we are informed by

participants' stories about therapists that unconditional commitment and bending of the stoic professional code of rules is a must. This shows a true commitment to the healing of the survivor. This has implications not only for the mental health practitioner, but for the hospital nurse as well. In particular, hospital nurses are in a unique position to talk to the patients that they are caring for. Even though nurses are extremely busy, they have opportunities through their day to have conversations that no other member of the healthcare team has. The results of this study suggest that nurses need to take these opportunities to hear what their patients have to say and not be afraid to reveal bits of their own histories with their patients.

Additionally, nurses need to be well informed. Those strategies that a woman is using that may seem maladaptive such as choosing not to think about the abuse, may be working well for the survivors. Clinicians need to be extremely careful before making a judgment of whether a strategy is good or bad. Nurses also need to be informed of those strategies that perhaps they could promote, such as bibliotherapy.

Finally, many of the women were helped just by watching others who appeared to be happy. Today nursing satisfaction is at an all time low and nursing burnout is at an all time high. As nurses take care of their patients, they need to be ever aware of their attitude and "live each day as though they are the one that could make the difference" (Powell, 2006).

Education

According to the underestimated statistics of the United States Child Protective Services (2004a) 872,000 children in 2004 were victims of childhood maltreatment.

Astonishingly, only 7.9 % of those referrals were made by medical personnel (U.S. Department of Health and Human Services, 2004c). Although there is not specific distinction between what professions made up the 7.9 % of medical personnel, it appears there may be some disconnect in the education of healthcare professionals to recognize and report the signs of maltreatment. Perhaps this could be remedied by increased educational awareness of signs and symptoms. Additionally, nursing students need to be educated on the issues listed in the previous section. If students aren't taught, before they leave school, we may have missed a valuable opportunity to make a difference.

Research

Findings in this study validate existing research and expand existing knowledge in the field of childhood maltreatment survivors. However, a great deal of existing research does focus exclusively on CSA survivors. There needs to be a broader focus to encompass all types of abuse.

There are multiple opportunities for additional research within the context of facing down death and strategies used to move beyond. This study is distinctive because there is a systematic approach to identify and examine the phenomenon of facing down death and the strategies that female survivors of childhood maltreatment utilize to move beyond. These are new concepts. Additional research is needed validate them.

Often survivors of childhood maltreatment have not found adequate help although there has been extensive research and clinical work in this area. Perhaps it is because there has been little attention on healing and positive outcomes. There is a need within

the research to continue to focus on the positive outcomes of surviving childhood maltreatment.

Summary

This study has provide insight into some of the most fascinating and amazing women that I have ever met. Through their narratives I've learned not only about them, but about myself. I would like to leave you with a poem written by Fran about her life and what is like to be her. She wrote this poem after an appointment with a psychiatrist. This psychiatrist not only disbelieved her accounts of incest, he refuted them by claiming Freudian mumbo jumbo that "all little girls fantasize about their fathers." Thank you Fran for your courage, and your poetry.

How ironic
Funny really
A psychiatrist
PhD
A learned man, deserves respect?
Doesn't believe in me
Won't believe in incest

Along time ago in a land far, far away
I didn't believe in me either.
A little girl worked hard to survive
I had a wonderful childhood
She had a monstrous childhood.
I had a loving mother
She had a mother who violently beat her
I had a loving father
She had a father sexually assault her
I was an ordinary little girl
In this evil land she cried

Who loved her mommy
Noticed her mommy
And worshipped her daddy
Oh no, daddy noticed her

Daddy loved me
In this evil land she cried
Daddy dressed me
Mommy don't buy those Playboy magazines.
Daddy took me special places
Daddy don't lock that door
Daddy showed me pretty things
Daddy don't make her look at the centerfold boobies

Then puberty literally hits
In this evil land – she cried
Mom hits me in the face
Mom is always mad at her
I hit mom back in the face
She can't take it anymore

When dad leers at me
Oh no, not again
I cringe and hide
She hides from dad in her closet
Sophomore year in this evil land she cried
I spent two months on the couch
Please don't make her go to school
Not able to speak
Distorted vision
Daddy's sexually abusing her again
Walking out voices I withdraw
She struggles and tries to push him away
I try to hide from dad and from life
Dad violently beats her face and jaw
Finally back to being a sophomore

In this evil land - she cried – help
Why was I absent so long?
Daddy's sexually abusing her again
Why? Bronchitis of course
She struggles and tries to push him away.
Bronchitis?
Dad violently beats her face and jaw
I try to hide from dad and from life

Hooray, I am 18-years-old and I like to flirt with boys
Especially a tall blonde sweet named Al

That night - in a land far away
I go out with Al
The little girl is dating
Get drunk with me Al
See she is normal
Fuck me Al (chuckle) – sorry that's just –)
See she is normal
I am now 23-years-old – in a land far away
I am married and live in Minnesota
A little girl is in a wonderful marriage – to a loving husband
Her adult life can now begin

See I am normal
See she is normal (chuckle)

I hate sex
In a land far away – she loves sex
I panic and push my husband away
Her marriage is wonderful
I hate sex
She loves sex
What's happening to me?
Nothing is happening to her
I hate sex
She loves sex

A memory flashes by – her dad?
My dad?
Dad?

Four years later – in a land far away – sex hurts
Ruptured tubal pregnancy
She almost dies
Endometriosis
She tries different medicines
Multiple laparoscopies
She just wants to feel better
Complete hysterectomy
She will never have a baby
Divorce

I am now weak
Down to 128 pounds

At six feet
In a land far away – the little girl says
Dad I have these memories
Mom and dad arrive in Minnesota
Do you remember them too?
They bring me back home
What?
Wham – mom hits the little girl with her purse
They bring me back home
Dad looks at the floor and says nothing

Back home again in West Virginia
In a land close to home – mom and dad are still fighting
My nerves are shot
Dad gropes her as she walks by him in the hall
I look for any kind of work
She moves her bed to the basement
Find graveyard shift at gas station
She eats meals by herself in the basement
Fran is depressed
The land is here
The land is home
Help her

She can't have any babies
The land is closing in around her
Her ex-husband cries over the phone
Dad stopped by her bed this morning
Fran panics
She pretends to be sleeping
Fran can't go outside alone
Sound familiar?

Mom drives Fran to therapy
Dad says – why won't you spend time with me Fran?
Minster Bob is my first therapist
And so the little girl's journey into the real world begins

I don't know Bob – why am I depressed?
She knows
Six weeks pass
She hangs on week after week
Bob, I have these memories
She feels she cannot trust Bob

I think maybe I’m not sure
Deep inside she’s sure

My dad might have sexually abused me
Her dad did sexually abuse her

Six months later
In the real world (chuckle)
I am working hard
Her mom still drives her to therapy
I am working to hard
So Fran – tell me about your therapy session?
I take too many pills
The little girl says
Bob, I’m going to kill myself
I'm fine mom – just fine

Hello hospital psyche ward (sniff) (chuckle)
In the real world
The little girl confronts her dad and mom
Drug therapy
Mom verifies the little girl's memories of her beatings

Group therapy
Bill can you do it for Fran, what Joan just did?
Different day
Different drugs
Dad is shocked
His good name is tarnished
I’m constantly shaking
Dad you are a lying S.O.B.
I start to chain smoke
Dad looks her in the eye
I did not rape you

Discharged from the hospital
In the real world
We now pronounce her healed (chuckle)
You have confronted your offenders
Okay know what?
Now go home to live with mom and dad
Me, mom and dad in the same house
Silence

Silence
Pain
Pain

Surprise
I am readmitted within two weeks (chuckle)
In the real world
Gee, I wonder why?
Gee, I'm living with my abusers
More drug therapy
Mom and dad do not visit me this time

Home again
In the real world
Physically and mentally very weak
Within three months the little girl is no longer alone
I have moved to my own apartment
And I have taken my little girl to live with me
Now, years later we walk hand in hand
My little girl and I
We travel along life's pathways
We're now together in the real world
We continue on our healing journey
We have forgiven ourselves
I listen to her heart and soul
For my little girl is my heart and soul

How ironic
Funny really
A psychiatrist
PhD
A learned man
And for this he deserves respect?
Doesn't believe in me
Won't believe in incest

LIST OF REFERENCES

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Ahlberg, K., & Nordner, A. (2006). The importance of participation in support groups for women with ovarian cancer. *Oncology Nursing Forum, 33(*4), E53-61.

Descartes. R., (1911). Discourse o the Method of Rightly Conducting the Reason and Seeking for Truth in the Sciences. In Beardsley, M. (Ed.), (2002). *The European Philosophers From Descartes to Nietzsche* (pp.2-96). The Modern Company: NY, NY.

Beitchman, J., Zucker, K., Hood, J., DaCosta, G., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect, 16,* 101-118.

Bolton, K. (2006). *Parent-daughter relationships as perceived by women adult survivors of childhood abuse.* Unpublished doctoral dissertation, University of Tennessee, Knoxville.

Brink, P., & Wood, M. (1998). *Advanced Design in Nursing Research* (2nd ed.). Thousand Oaks: Sage.

Bryant-Davis, T. (2005). Coping strategies of African American adult survivors of childhood abuse. *Professional psychology: Research and Practice, 36*(4), 409-414.

Buchnall, T. (2003). The clinical landscape of critical care: Nurses' decision-making. *Journal of Advanced Nursing, 43*(3), 310-319.

Cameroon, C. (1994). Women survivors confronting their abuser: Issues, decisions, and outcomes. *Journal of Child Sexual Abuse, 3*(1) 7-35.

Cavanagh, S. (1997). Content analysis: Concepts, methods and applications. *Nurse Researcher, 4*(3), 5-16.

Centers for Disease Control and Prevention (CDC). (n.d.) Preventing Child Maltreatment. Retrieved April 25, 2006 from http://www.cdc.gov/ncipc/dvp/Preventiong %20CM--final.pdf

Centers for Disease Control and Prevention. (2005, December 12). ACE study--Adverse childhood experiences. Retrieved April, 25, 2006 from http://www.cdc.gov/NCCDPHP/ACE

Chard, K. (2005). An evaluation of cognitive processing therapy for the treatment of posttraumatic stress disorder related to childhood sexual abuse. *Journal of Consulting and Clinical Psychology, 73*(5), 965-971.

Cohn, A., & Daro, D. (1987). Is treatment too late: What ten years of evaluative research tell us. *Child Abuse & Neglect, 11*, 433-442.

Demause, L. (1988). The evolution of childhood. In L.Demause (Ed.), The history of childhood (pp. 1-75)Northvale:NJ.

DePoy, E., & Gitlin, L. (1998). *Introduction to Research Understanding and Applying Multiple Strategies* (2nd ed.). St. Louis: Mosby.

Dibb, B., & Yardley, L. (May, 2006). How does social comparison within a self-help group influence adjustment to chronic illness? A longitudinal study. *Social Science Medicine*; in press

Downe-Wamboldt, B. (1992). Content analysis: Method, applications and issues. *Health Care for Women International, 13*(3), 313-321.

Doyle, G. (1999). Forgiveness as an intrapsychic process. *Psychotherapy*, 36(2), 190-198.

Festa, L., & Tuck, I. (2000). A review of forgiveness literature with implications for nursing practice. *Holistic Nursing Practice*, 14(4), 77-86.

Finzi, R., Ram, A., Shnit, D., Har-Even, D., Tyano, S., & Weizman, A. (2001). Depressive symptoms in suicidality in physically abused children. *American Journal of Orthopsychiatry, 71*(1), 98-107.

Folkman, S., & Lazarus, R. (1988). The relationship between coping and emotion: Implications for theory and research. *Social Science Medicine, 26*(3), 309-317.

Folkman, S., & Moskowitz, J. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology, 55*, 745-774.

Freshwater, K., Ainschough, C., & Toon, K. (2002). Confronting abusers: The opinions of clinicians and survivors. *Journal of Child Sexual Abuse, 11*(4), 35-52.

Fromm, S. (2001). The estimated cost of child abuse and neglect in the United States retrieved April 25, 2006 from http://pcaa.convio.net/site/DocServer/cost_analysis.pdf?docID=144

Futa, K., Nash, C., Hansen, D., & Garbin, C. (2003). Adult survivors of childhood abuse: An analysis of coping mechanisms used for stressful childhood memories and current stressors. *Journal of Family Violence, 18*(4), 227-239.

Gall, T. (2006). Spirituality and coping with life stress among adult survivors of childhood sexual abuse. *Child Abuse and Neglect,* in press.

Gall, T., Charbonneau, C., Clarke, N., Grant, K., Joseph, A., Shouldice, L. (2005).

Understanding the nature and role of spirituality in relations to coping and health: A conceptual framework. *Canadian Psychology, 46*(2), 88-104.

Gorey, K., Richter, N., & Snider, E. (2001). Guilt, isolations and hopelessness among female survivors of childhood sexual abuse: effectiveness of groups work intervention. *Child Abuse and Neglect,* 25, 347-355.

Graneheim, U., & Lundman. (2004). Qualitative content analysis in nursing research: Concepts, procedures, and measures to achieve trustworthiness. *Nurse Education Today, 24,* 105-112.

Guelzow, J., Cornett, P., & Dougherty, T. (2002). Child sexual abuse victims' perception of paternal support as significant predictor of coping style and global self-worth. *Journal of Child Sexual Abuse, 11*(4), 53-72.

Health People 2010. *Reduce maltreatment and maltreatment fatalities of children.* Retrieved April 25, 2006 from http://www.healthypeole.gov/document/html/objectives/12-33.htm

Henry, D. (2001). Resilient children: What they tell us about coping with maltreatment. *Social Work Health and Mental Health, 34,* 283-298.

Himelein, M., & McElrath, J. (1996). Resilient child sexual abuse survivors: Cognitive coping and illusion. *Child Abuse & Neglect, 20*(8), 747-758.

Hopper, J. (2006). Child abuse statistics, research, and resources. Retrieved April 25, 2006 from http://www.jimhopper.com/abstats/

Hund, A., & Espelage, D. (2005). Childhood sexual abuse, disordered eating, alexithymia, and general distress: A mediation model. *Journal of Counseling*

Psychology, *52*(4), 559-573.

Hupcey, J. (2005). Measurement issues in qualitative research. In C. Waltz, O. Strickland & E. Lenz (Eds.), *Measurement in nursing and health research* (3rd ed., pp. 215-228). New York, NY: Springer.

Hutchinson, S., Wilson, M., & Wilson, H. (1994). Benefits of participating in research interviews. *Image: Journal of Nursing Scholarship*, 26, 161-164.

Kracauer, S. (1952-1953, Winter). The challenge of qualitative content analysis. *The Public Opinion Quarterly, Special Issue on International Communications Research*, *16*(4), 631-642

Krippendorff, K. (1980). *Content Analysis: An Introduction to Its Methodology* (1st ed.). Beverly Hills, CA: Sage.

Krippendorff, K. (2004). *Content Analysis:An Introduction to Its Methodology* (2nd ed.). Thousand Oaks, CA: Sage.

Krohne, H. W. (2002). *Stress and coping theories*. Retrieved April 20, 2006, from http://userpage.fu-berlin.de/~schuez/folien/Krohne_Stress.pdf

Lazarus, R. (1993). From psychological stress to the emotions: A history of changing outlooks. *Annual Review of Psychology*, *44*, 1-21.

Leitenberg, H., Greenewald, E., & Cado, S. (1992). A retrospective study of long-term methods of coping with having been sexually abused during childhood. *Child Abuse & Neglect*, *16*, 399-407.

Live Journal chat about Lord Beckett retrieved on July 25, 2006 from gttp://www.livejournal.com/

Long, P., & Jackson, J. (1993). Childhood coping strategies and the adult adjustment of female sexual abuse victims. *Journal of Child Sexual Abuse, 2*(2), 23-39.

McEwen, M. (2004). Analysis of spirituality content in nursing textbooks. *Journal of Nursing Education, 42*(1), 20-30.

McGrath, C., Montgomery, K., White, K., & Kerridge, I. (23 May, 2006). A narrative account of the impact f positive thinking on discussion about death and dying. *Supportive Care Cancer* retrieved July 25, 2006 from http://www.springerlink.co.proxy.lib.utk.edu:90/ling.asp?id=1pqwml1812k96

Merriam-Webster Online Dictionary (2006). *Action.* retrieved July 20, 2006 from http://www.m-w.com/dictionary/action

Merrill, L., Thomsen, C., Sinclair, B., Gold, S., & Milner, J. (2001). Predicting the impact of child sexual abuse on women: The role of abuse severity, parental support, and coping strategies. *Journal of Consulting and Clinical Psychology, 69*(6), 992-1006.

Morrow, S., & Smith, M. (1995). Constructions of survival and coping by women who have survived childhood sexual abuse. *Journal of Counseling Psychology, 42*(1), 24-33.

Morse, J. (2004). Qualitative significance. *Qualitative Health Research, 14*(2), 151-152.

Napier, N. (1993). *Getting Through The Day*. W.W. Norton and Company, NY. NY.

National Clearing House on Child Abuse and Neglect Information. (2004, April). Child abuse and neglect fatalities: Statistics and interventions. Retrieved April 25, 2006, from http://nccanch.acf.hhs.gov

Oaksford, K., & Frude, N. (2003). The process of coping following child sexual abuse: A Qualitative Study. *Journal of Child Sexual Abuse, 12*(2), 41-72.

Peden, A, Hall, L., Rayens, M., & Beebe, L. (2000). Negative thinking mediates the effect of self-esteem on depressive symptoms in college women. *Nursing Research, 49*(4), 201-207.

Perrott, K., Morris, E., Martin, J., & Romans, S. (1998). Cognitive coping styles of women sexually abused in childhood: A qualitative study. *Child Abuse & Neglect, 22*(11), 1135-1149.

Polit, D., & Beck, C. (2004). Analyzing qualitative data. In *Nursing Research* (7th ed., pp. 570-597). Philadelphia: Lippincott.

Powell, J. (March, 2006). Thriving research team retreat. University of Tennessee, College of Nursing, Knoxville.

Powell, J. (2006, July). *Memory Against Evil: A Typology of Narrative Remembering of Abuse.* Paper presented at the Sigma Theta Tau International Society, Montreal, Canada.

Priest, H., Roberts, P., & Woods, L. (2002). An overview of three different approaches to the interpretation of qualitative data. Part 1: Theoretical issues. *Nurse Researcher, 10*(1), 30-42.

Rahm, G., Renck, B., & Ringsberg, K. (2006). Disgust, disgust beyond description-shame cues to detect shame in disguise, in interview with women who were sexually abuse during childhood. *Journal of Psychiatric & Mental Health Nursing, 13*(1), 100-109.

Roman M., & Bolton, K. (2006, July). *Relationships and Interactions in Narratives of Child Abuse: Constancy, Differentiation, and Challenge.* Paper presented at the Sigma Theta Tau International Society, Montreal, Canada.

Scheidlinger, S., (2004). Group psychotherapy and related helping groups today: An overview. *American Journal of Psychotherapy, 58*(3), 265-280.

Sigmon, S., Greene, M., Rohan, K., & Nichols, J. (1996). Coping and adjustment in male and female survivors of childhood sexual abuse. *Journal of Child Sexual Abuse, 5*(3), 57-75.

Skowron, E., & Reinemann, D. (2005). Effectiveness of psyhchological interventions for child maltreatment: A meta-analysis. *Psychotherapy: Theory, Research, Practice, Training, 42*(1), 52-71.

Smolak, L., & Murnen, S. (2002). A meta-anlaytic examination of the relationship between child sexual abuse and eating disorders. *International Journal of Eating Disorders, 31*, 131-150.

Snyder, C., & Heinze, L. (Forgiveness as a mediator of the relationship between PTSD and hostility in survivors of childhood abuse. *Cognition and Emotion, 19*(3), 413-431.

Spaccarelli. (1994). Stress, appraisal, and coping in child sexual abuse: A theoretical and empirical review. *Psychological Bulletin, 116*(2), 340-362.

Steel, J., Sanna, L., Hammond, B., Whipple, J., & Cross, H. (2004). Psychological sequelae of childhood sexual abuse: Abuse-related characteristics, coping strategies, and attributional style. *Child Abuse & Neglect, 28*, 785-801.

Stewart, M. (1990). Expanding theoretical conceptualizations of self-help groups. *Social Science Medicine,* 31(9), 1057-1066.

Thomas, P. M. (2005). Dissociation and internal models of protections: psychotherapy with child abuse survivors. *Psychotherapy: Theory, Research, Practice, Training, 42*(1)., 20-36.

Thomas, S. P. (2006). The trajectory of healing from childhood abuse: Implications for therapists. *Directions in Psychiatric Nursing, 12*(7),89-99.

Thomas, S. P., & Hall, J. (2006). Life trajectories of female child abuse survivors thriving in adulthood. Currently in review for publication

Thomas, S. P., & Pollio, H. (2002). *Listening to patients: A phenomenological approach to nursing research and practice*. New York, New York: Springer.

Treadwell, K., & Kendall, P. (1996). Self-talk in youth with anxiety disorders: States of mind, content specificity, and treatment outcomes. *Journal of Consulting and Clinical Psychology, 64*(5), 941-950

Tremblay, C., Hebert, M., & Piche, C. (1999). Coping strategies and social support as mediators of consequences in child sexual abuse victims, *Child Abuse & Neglect, 23*(9), 929-945.

Ullman, S. (2003). Social reactions to child sexual abuse disclosures: A critical review. *Journal of Child Sexual Abuse, 12*(1), 89-121.

U.S. Department of Health and Human Services, Administration on Children and Families. (2004a). Child Maltreatment 2004. Retrieved April 25, 2006 from http://www.acf.hhs.gov/programs/cb/pubs/cm04/chapterthree.htm

U.S. Department of Health and Human Services, Administration on Children and Families. (2004b). Child Maltreatment 2004. Retrieved April 25, 2006 from http://www.acf.hhs.gov/programs/cb/pubs/cm04/chapterfour.htm

U.S. Department of Health and Human Services (2005). The healthcare workforce in eight states: Education, practice, & policy. Retrieved April 26, 2005, from http://bhpr.hrsa.gov/healthworkforce/reports/states02/tennessee.htm

U.S. Department of Health and Human Services, Administration on Children and Families. (2004c). *Figure S-2 Report Sources, 2004 Child Maltreatment 2004* retrieved July 28, 2006 from http://www.acff.dhhs.bov/programs/cb/pubs/cm04/figures_2.htm

Valentine, L., & Feinauer, L. (1993). Resilience factors associated with female survivors of childhood sexual abuse. *The American Journal of Family Therapy, 21*(3), 216-224.

Waltz, C., Strickland, O., & Lenz, E. (2005). Content Analysis. In C. Waltz, O. Strickland & E. Lenz (Eds.), *Measurement in Nursing and Health Research* (3rd ed., pp. 239-245). New York, NY: Springer.

Widom, C. & Maxfield, M. (2001, February). An update on the "Cycle of Violence National Institute of Justice Research in Brief. Retrieved April 27, 2006 from http://www.ncjrs.gov/pdffiles1/nij/184894.pdf

Winslow, B. (2003). Family caregivers' experiences with community services: A qualitative analysis. *Public Health Nursing, 20*(5), 341-348.

Woods, L., Priest, H., & Roberts, P. (2002). An overview of three different approaches to

the interpretation of qulaitative data. Part 2: Practical Illistrations. *Nurse Researcher, 10*(1), 43-51.

Zupancic, M., & Kreidler, M. (1999). Shame and the fear of feeling. *Perspectives in Psychiatric Care, 35*(2), 29-34.

APPENDICES

Appendix A

ID_____

UNIVERSITY OF TENNESSEE

Office of Research, Compliance Section

INFORMED CONSENT STATEMENT

Women Thriving Abuse Survivors

INTRODUCTION

You are invited to participate in a research project about how you have been able to succeed and feel well after having survived child abuse and/or neglect. The purposes of the project are to (a) discover the patterns in how people respond to having been abused, (b) identify ways that you helped yourself, and how others may have helped you to protect yourself and be successful in life and (c) find out what health care providers do that is helpful or not helpful to you in surviving aftereffects of abuse.

INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY

The project involves 3 interviews over 7 months time to enable you to comfortably tell your story of survival. You may say as much or as little as you want about actual abuse events. Each interview will be no more than 2 hours long, and they would be spaced over 3 month intervals. Your total commitment would be 10-14 hours over 7 months Each of your interviews will be done with the same person, either Dr. Joanne Hall or Dr. Jill Powell of the University of Tennessee College of Nursing. Both are experienced psychiatric nurses. You can choose where the interview is to happen, whether that is your home or a private setting such as an interview room at the College of Nursing. The interviews will be audio taped, so you will see a tape recorder and a special microphone. You can ask that the tape be turned off for a while for a break or if you wish to stop your participation in the study. At the end of each interview, if you wish to continue in the study, an appointment will be made for the next interview. Your name will not be used to identify the tapes of your interview. Instead a code number will be assigned to the interview materials. A secretarial person who has signed a pledge of confidentiality will type up the tapes of the interviews. The typed interviews will then be copied and used for analysis by the two researchers and their research team. Some students, practitioners, two abuse survivors not in the study and faculty researchers are on the team, all of whom will also sign a confidentiality pledge. Analysis will consist of examining the kind of account you give about your life and what has worked for you in surviving abuse, and looking for common themes with other survivors and ways for health care providers to improve

services.

Participant's Initials_____

RISKS

The main risk in this research is the possibility that discussing abuse and its aftereffects might make you feel strong emotions, or even some distress. You might experience troubling memories, nightmares, nervousness or sadness, for example. Your interviewer is experienced at helping people with emotional distress. Some discomfort is normal, but it should not affect your ability to carry out your daily routines. If more severe distress occurs, there are resources available to you. A licensed therapist will provide free short-term services and referral for long-term help if needed. You will also be given a list of telephone numbers that you can call on your own for assistance. Some are available 24 hours a day. You can stop the interview process at any point.

BENEFITS

Some people feel better and more confident after talking about surviving abuse, but not everyone does. Everyone who contributes their story to make services better for other survivors can certainly feel proud of this effort. Because abuse-related *problems* are usually studied rather than *strengths*, this research might uncover important information for health care providers to use in offering services to survivors of abuse.

CONFIDENTIALITY

The only people who will hear the interview tapes are the main investigators, Dr. Hall and Dr. Powell, and the typist. The typist will sign an agreement of confidentiality never to reveal any identifying information from the tapes. Your name will not be attached to the tapes or to the typed interviews. Instead a code number will be assigned to these materials. No identifying information will appear in any place where the results of the study will be presented, whether in print, other media, or at research meetings. Student research assistants will only have access to the typed interviews and will also sign a confidentiality agreement. The list of names and consent forms will never be attached to actual interview materials. Each of these will be stored separately in locked files at the College of Nursing and will be destroyed three years after the completion of data analysis. An exception to this is for persons who agree to participate in future studies of this kind. A follow-up study is planned for members of this study to work on developing a program for people who have suffered child abuse and are now adults. If you decide to

allow us to contact you for that study, your name and address will be kept for a period of one extra year after this study is completed.

Participant's Initials _____

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration Act (FDA). You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

The Certificate of Confidentiality does not prevent the researchers from disclosing voluntarily, without your consent, information that would identify you as a participant in the research project under the following circumstances: We must by law report current child abuse or neglect if this comes up in your interview. We may also need to report past child abuse. In case you are or would become pregnant, we may need to report circumstances that would harm your unborn child, according to the requirements of law.

COMPENSATION

There is no monetary award for participating in this study. Your voluntary participation is greatly appreciated. Your decision whether to participate will not affect any care or education you are receiving from any agency of the University of Tennessee.

CONTACT INFORMATION

If you have questions at any time about the study or the procedures, or you experience any mental difficulty or injury in the course of this research, or for more information, please notify the investigator in charge, Dr. Joanne Hall, University of Tennessee College of Nursing, 1200 Volunteer Blvd. Knoxville, TN, 37996, phone (865)-974-5769. If you have questions about your rights as a participant, contact the Compliance Section of the Office of Research at (865) 974-3466.

Participant's Initials _____

PARTICIPATION

Your participation in this study is voluntary. You can decline to participate at any point without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed and you do not want *any* of you information used in the study, your tapes and interview materials will be returned to you or destroyed.

CONSENT

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

I would be willing to be contacted within 2 years after this study is completed for participation in another similar study about abuse survivors. I understand I can withdraw this consent at any time.

Participant's signature_____ Date_____

Investigator's signature _____ Date _____

Appendix B

Demographics:

Date of Interview_____ Place of Interview _____

Age_____ Ethnic/Race_____

Religion (childhood) _____Religion (now)_____

High School (yrs completed)_____ Trade/tech_____ College Education_____

Employment: Occupation_____ Length of Employment_____

Current employment Full time___ Part time____ Unemployed_____ Other ___

Family of Origin (unified, divorce, years) _____

Siblings and Birth Order (ex: Girl, Boy, Boy, etc…) (circle participant)

_____ _____

Relationship Status: Married____(yrs) ____Separated (explain) _____

Single____ (yrs) Widowed ____(yrs) Divorced ____(yrs) Current partner ____(yrs)

Number of Children _____Sex and Ages_____

Custody (explain any special Arrangements)_____

_____ _____

Sexual Orientation: Heterosexual____ Gay____ Lesbian____ Bi-sexual____
Transsexual____ Other_____ Decline to Answer_____

Mutual/Self Help Groups? yes____ no____ Non-professional
(type/duration)_____
Currently? yes___ no ____ Frequency_____

Participation in 12-Step Program? yes____ no____
(type/duration)_____
Currently yes___ no ____
Frequency_____

Therapist-led groups ____(type/duration)_____(currently) yes___
no ____

Health Services Past and Present:

Therapy:
Psychiatrist ___(reason)_____(currently) yes____
no ____

Therapist (Social Worker, Psychiatrist, Nurse, Other) _____
Reason(s) for Seeking
Care?_____

Duration of therapy (include years and breaks)
_____
_____

Medical:
Do you see a General Practitioner or Family Practice doctor_____ How long _____ yrs
Do you see a Nurse practitioner _____ yrs

How often do you receive physical checkups? _____

Medical Practices:

Medications
(past)_____
___

_____
_____

Medications
(current)_____
_

_____
_____

Have you ever used alcohol? yes___ no ____
If yes, describe
pattern:_____

Was alcohol ever a problem? yes___ no___ Have you received treatment? yes___ no
____
Describe pattern of alcohol
use_____
Describe
treatment:_____
_____

Have you ever used other drugs? yes____ no ____ Have you received treatment?
yes___ no ____
If yes, describe drugs used & pattern of
use_____
_____
_____
Describe
treatment:_____
_____

Abuse:
Types of childhood abuse. Include brief description, duration, and perpetrator.

Physical_____
_____

Emotional_____
_____

Verbal_____
_____

Sexual
_____
_____

Neglect_____
_____

Other
_____
_____
_____
_____

Have you ever had any of the following problems?
Circle those that apply to you and indicate when they occurred:

Depression
_____

Suicide attempt
_____

Flashbacks
_____

Mood swings
_____

Spacing out/lost time
_____

Intrusive memories
_____

Physical pain
_____

Anxiety/phobias
_____

Eating problem
_____

Weight problem

_____

Sleep disturbance

_____

Hospitalizations

_____

Other medical

_____

Why did you decide to participate in this study?

_____
_____
_____
_____

Date & Time of next interview _____ Place
_____

Appendix C

Interview Guides

The interview guides are designed to stimulate narratives on the part of the participant. Probes will be used, such as, "Can you tell me more about that?" or "When did this happen?," etc. It may be that not all of the questions will be needed, depending on how much information each participant offers spontaneously. The participant's terms will be used as much as is possible. For example, some women do not use the term "survivor." Therefore the wording of questions will differ from person to person.

Before each interview the investigator will read the following statement:
Even though you have given your consent to be in the study, your participation is still voluntary. You can decide to skip some questions or stop the interview altogether. You may also stop for breaks if needed. If you decide to withdraw from the study completely, all of your interview materials and tapes will be given back to you if you wish, and no data from you will be used in the study. The interviews deal with sensitive information. You can say as much or as little as you want about these topics.

Interview #1

1. How did you decide whether to participate in this study? Have you done this before?

2. What about your self and your life situation **would indicate to you** that you are well and successful? Can you give an example? How do you think your experience compares with that of other survivors of child abuse?

3. Abuse and neglect have different effects on different people. Have you had any problems that you feel are connected to abuse? (if so) Can you tell me about these problems? How did you become aware of them? How did you first deal with these problems?

4. Are there things about you, or things that happened to you as time passed that have given you strength and confidence? (either way) Can you tell me more about that?

5. Is there anything that you would like to add today?

At this point a standardized questionnaire about demographic and family background information will be administered, filled out by the investigator. The participant can decline to answer any of these items also.

Interview #2

1. In the last interview you were talking about problems and strengths, especially those related to abuse. Have you given this much thought since then? How have the past few weeks been for you?

2. What was it like for you growing up? How would you describe your relationship to your family? Has this changed over time? (if applicable:) How do you see yourself as a parent?

3. Who have been the most important people in your life? Who influenced you the most? (if described as positive) How did they support you? (if described as negative) How did they contribute to problems? **Who are you most close to now? Can you describe that relationship? (s)**

4. Have you talked to others about abuse or things related to it? (either way) What has that been like for you? Did things change as a result of talking about the abuse?

5. **What is it like for you to be working (or in school)?** Are things going as well as you had hoped? Have things changed in this part of your life? Has being a survivor affected this part of your life?

6. What have been the hardest things you have faced in life? Have you had to deal with any prejudices as a child? As an adult?

Interview #3

1. How have things been for you over the last few weeks, since we last talked?

2. What things do you do for yourself to stay well? How do you handle strong feelings or memories from your childhood? Have these things changed? **What have been important turning points for you?**

3. Do you think that facing abuse and its aftereffects have made you stronger, or have they only caused problems for you? What other situations in your life might you have seen as challenges that made you stronger, if any?

4. How important is your work/school to you? How does the future look to you? **To survivors in general?**

5. Was there someone you could count on in the past for support related to abuse issues? (if so) Who was that and how did they help? Do you have people you can count on now?

6. Did you ever seek help from doctors, nurses or therapists (or other helping persons) for abuse-related issues? (if so) What happened? What was helpful? Not helpful? Do you think effects of abuse can be resolved? (if so) How would that happen? (or) Why not? Do you find that health care providers and mental health services show an understanding of what it is like to survive childhood abuse and neglect? Can you give an example? (if applicable:) Do you believe help you have gotten is based on your strengths, or on problems?

7. Would you like to add anything today? Were there questions you expected that didn't come up?

Appendix D

CONCEPT LIST 6

Abuse/neglect accounts

Comparison/Contrast
- Alternate realities
- Worse off
- Normal/abnormal
- Siblings
- Others

Disclosure/Covertness

Emotional State
- Loneliness
- Anger
- Forgiveness
- Fear

Family
- Family of origin
- Identified family

Health Issues

Helping Others
- Protectors
- Caregivers
- Volunteer
- Foster Care
- Political Advocate
- Community Leader

Help-seeking
- Therapy
  - Quality
  - Personality/Style of

Introspection/Reflection
- Self-realization
- Journaling
- Reading

Learning about self
Spiritual growth

Memory

Linear memory
Fractional memory
Fractional remembering
Chronological memory
Associational memory

Key Others

Mentors
Siblings
Partners/Spouse
Mother
Father
Protectors
Teachers
Bosses
Co-Workers
Validators
Invalidators
Childhood friends
Adult friends
Clergy/Ministers
Groups (i.e. partners without partners, church)
Perpetrator
Other adults (neighbors)
Strangers

Repetitive behaviors

Eating disorder
Alcohol
Other drugs
Impulsive behavior
Sexual promiscuity

Resoluteness - maybe this is really our huge overarching category and everything really fits under here – maybe it should be moved off this list.

Willfulness
Moving beyond

School/Education

Sexual Development
- Precocity
- Menarche stories
- Promiscuity

Self-Characteristics

Spirituality
- Prayer
- Reading Bible
- Guardian Angel
- "The Call"

Strategies
- Mantras
- Self-talk
- Distancing
- Making decisions
- Dissociation/Zoning Out
- Compartmentalizing
- Defining Boundaries

Turning Points
- Revelations
- Patterns
- Upward swing

Work/Financial stories
- Employment
- Unemployment

Appendix E

Summary Narrative Assessment

How does the participant view/describe the *childhood abuse*? Was there abuse in adulthood also? Was there beginning and/or and endpoint to the abuse?

What *aftereffects* seem to be prominent for her?

What were *major events/turning points* in the recovery pattern and/or life in general for this participant?

Who are the *key players* in the survival/recovery process and why are they important?

What specific *interactions* or types of interactions have been helpful (or not?)

What does this participant talk about as evidence/*criteria* for success/thriving in her life? What *strengths* does she see about herself?

What *strengths do you* see in this participant in terms of survival/thriving?

What has been the *trajectory* of surviving/thriving as seen in the whole of the account (all 3 interviews) — can try to state this and even draw a timeline if that is meaningful.

What *activities or actions* have been helpful at particular points/situations in the whole account?

What are major *themes/concepts* that are emphasized or repeated in the whole account that would capture the *essence* of the participant's story?

What type or *genre* of narrative is this? Is it Conversational? Heroic? Victim? Self-sacrifice? Redemption? Rescuer? Compassion? Resistance? Oppression? Patient/Client? Tragedy? Struggle? Transition? Conversion? Satire? Illness? Progressive? Regressive? Hopeful? Hopeless? (use you own words if needed, this list is not exhaustive). May use more than one or a combination.

What have been the sources and patterns of *resoluteness* in this participant's life? Is this a person who has a great deal of resoluteness?

What are ways that memory is manifested in this participant's life. Especially related to trauma and survival? Changes?

How is the self/self/concept or identity constructed through the telling of this account? How is this woman self-positioned in society/the world as evidenced in the account? What "script" does she seem to be living out, if any?

How does this participant compare herself with others, such as siblings, other women she has encountered who were abused?

What is the recent pattern or trajectory of survival/thriving across the three interviews, indicating how she is doing now?

What contextual factors frame the narrative(s) or parts of these, such as historical period in which she lived or grew up, cultural or ethnic influences, and developmental stages when things took place?

What else stands out about this person's account? Surprising or contradictory elements/revelations?

VITA

Tonya Broyles graduated from the University of Tennessee, Chattanooga with a BSN in Nursing in 1997. Her nursing career began at Memorial Hospital in Chattanooga in the critical care unit. Although life's paths took her to various areas of the east Tennessee region, this is the major area in which her career has centered. The majority of her work has been in critical care with some home health. She began the Doctoral program at the University of Tennessee (UT), Knoxville, s the first BSN to PhD student. Additionally, she is the first Doctoral student to graduate from the College of Nursing with a concentration in Homeland Security Nursing and a minor in Nursing Education. Throughout her educational process at UT she has presented her work at many local, national, and international conferences. She received her Doctorate of Philosophy degree in nursing from the University of Tennessee, Knoxville, December 2006.